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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham,
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 753544 (6)

**1. Corporation Name
BOCA MARINA HOMEOWNERS ASSOCIATION, INC.**

**Principal Place of Business
5288 BOCA MARINA CIRCLE SOUTH
BOCA RATON FL 33487**

**Mailing Address
5311 BOCA MARINA CIR. N.
BOCA RATON FL 33487
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/30/1980	3a. Date of Last Report 03/08/1994
4. FEI Number 59-2174005	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OWEN, JAMES
5311 BOCA MARINA CIRCLE
BOCA RATON FL 33487**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DS
NAME	SIMONI, STEVE
STREET ADDRESS	604 BOCA MARINA CT. BOCA RATON FL
CITY - ST - ZIP	BOCA RATON FL
TITLE	DS
NAME	HOPKINS, JACK
STREET ADDRESS	648 BOCA MARINA CIRCLE BOCA RATON FL
CITY - ST - ZIP	BOCA RATON FL
TITLE	TD
NAME	GALKIN, RICHARD
STREET ADDRESS	5284 BOCA MARINA CIRCLE BOCA RATON FL
CITY - ST - ZIP	BOCA RATON FL
TITLE	DP
NAME	LEVINSON, ROBERT
STREET ADDRESS	5282 BOCA MARINA CIR S. BOCA RATON FL
CITY - ST - ZIP	BOCA RATON FL
TITLE	DV
NAME	SCULLY, ROBERT
STREET ADDRESS	5324 BOCA MARINA CIR., NO. BOCA RATON FL
CITY - ST - ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ZIMSKI, BETH	
1.3 STREET ADDRESS	636 BOCA MARINA CT. BOCA RATON, FL 33487	
1.4 CITY - ST - ZIP	BOCA RATON, FL 33487	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	POTTER, ED	
2.3 STREET ADDRESS	5250 BOCA MARINA CIRCLE, SOUTH BOCA RATON, FL 33487	
2.4 CITY - ST - ZIP	BOCA RATON, FL 33487	
3.1 TITLE	PRESIDENT/DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GALKIN, RICHARD	
3.3 STREET ADDRESS	5284 BOCA MARINA CIR., So: BOCA RATON, FL 33487	
3.4 CITY - ST - ZIP	BOCA RATON, FL 33487	
4.1 TITLE	V. PRESIDENT/DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LEVINSON, ROBERT	
4.3 STREET ADDRESS	5262 BOCA MARINA CIR., So. BOCA RATON, FL 33487	
4.4 CITY - ST - ZIP	BOCA RATON, FL 33487	
5.1 TITLE	SECRETARY/DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SCULLY, ROBERT	
5.3 STREET ADDRESS	5324 BOCA MARINA CIR., No. BOCA RATON, FL 33487	
5.4 CITY - ST - ZIP	BOCA RATON, FL 33487	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

R. Galkin
R. GALKIN

3/10/95

487-994-3489

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **(Required if Year 2)**

CONTINUED