

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **753544** (6)
1. Corporation Name
BOCA MARINA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 5268 BOCA MARINA CIRCLE SOUTH, BOCA RATON FL 33487
Mailing Address: 5311 BOCA MARINA CIR., N, BOCA RATON FL 33487, US

3. Date Incorporated or Qualified: 07/30/1980
3a. Date of Last Report: 04/07/1995
4. FEI Number: 59-2174005
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: OWEN, JAMES, 5311 BOCA MARINA CIRCLE, BOCA RATON FL 33487
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: James E. Owen (Signature) / 2-14-96 (Date)
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	
NAME	ZIMSKI, BETH	12 NAME	
STREET ADDRESS	636 BOCA MARINA COURT	13 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	
NAME	POTTER, ED	22 NAME	
STREET ADDRESS	5250 BOCA MARINA CIRCLE, SOUTH	23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	
TITLE	PDP	31 TITLE	
NAME	GALKIN, RICHARD	32 NAME	
STREET ADDRESS	5284 BOCA MARINA CIRCLE	33 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	34 CITY-ST-ZIP	
TITLE	VP/D	41 TITLE	
NAME	LEVINSON, ROBERT	42 NAME	DIRECTOR
STREET ADDRESS	5262 BOCA MARINA CIR S.	43 STREET ADDRESS	CAROLE HARIER
CITY-ST-ZIP	BOCA RATON FL	44 CITY-ST-ZIP	606 BOCA MARINA CT.
TITLE	DS	51 TITLE	
NAME	SCULLY, ROBERT	52 NAME	
STREET ADDRESS	5324 BOCA MARINA CIR., NO.	53 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: [Signature] / 3/7/96 (407) 241-5281 (Date and Daytime Phone #)

CR2E037 (12/95)