

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 17 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
 5268 BOCA MARINA CIRCLE SOUTH BOCA RATON FL 33487
 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 03/14/1996

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 5295 Town Center Road
 22 City & State 27 Suite 200
 23 Zip Country 28 33486 29 U.S.A.

4. FEI Number 59-2174005 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

29 5311 BOCA MARINA CIRCLE SOUTH BOCA RATON FL 33487
 24 Zip Country 25 33486 29 U.S.A.

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 Name William K. Isaacson
 82 Street Address (P.O. Box Number is Not Acceptable) 5295 Town Center Road
 83 Suite 200
 84 City Boca Raton FL 85 Zip Code 33486

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, for 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ZIMSKI, BETH 636 BOCA MARINA COURT BOCA RATON FL	1.1 TITLE	President/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Zimski, Beth
STREET ADDRESS		1.3 STREET ADDRESS	636 Boca Marina Court
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Boca Raton FL 33487
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Vice President/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTER, ED	2.2 NAME	Ed Potter
STREET ADDRESS	5250 BOCA MARINA CIRCLE, SOUTH	2.3 STREET ADDRESS	5250 Boca Marina Circle South
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Boca Raton FL 33487
TITLE	PDP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Vice President/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALKIN, RICHARD	3.2 NAME	Leonard Forrest
STREET ADDRESS	5284 BOCA MARINA CIRCLE	3.3 STREET ADDRESS	622 Boca Marina Ct
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	Boca Raton FL 33487
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Treasurer/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPER, CAROLE	4.2 NAME	Carole Harper
STREET ADDRESS	606 BOCA MARINA CT	4.3 STREET ADDRESS	606 Boca Marina Ct
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	Boca Raton FL 33487
TITLE	DS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Secretary/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCULLY, ROBERT	5.2 NAME	Warren Kowalstky
STREET ADDRESS	5324 BOCA MARINA CIR., NO.	5.3 STREET ADDRESS	630 Boca Marina Ct.
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	Boca Raton FL 33487
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE _____ DATE 9-1-97

CR2E037 (4/97)