FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 753544

BOCA MARINA HOMEOWNERS		_				
Principal Place of Business	Mailing Address		· .			
5268 BOCA MARINA CIRCLE SOUTH BOCA RATON FL 33487	5295 TOWN CENTER RD SUITE 200 BOCA RATON FL 33486 US					
Principal Place of Business The Principal Place of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 07/30/1980			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. FEI Number 59-2174005	F		
City & State	City & State		5. Certificate of Status Desired	8 F		
Zip Country 24 25		Country	6. Election Campaign Financing Trust Fund Contribution	\$: ^		
9. Name and Address of C ISAACSON, WILLIAM K 5295 TOWN CENTER RD SUITE 200 BOCA RATON FL 33486	urrent Registered Agent	81 Name 82 Street Ad 83 City	10. Name and Address of New Registered Ages M.D. Properties dress (P.O. Box Number is Not Acceptable) S.E. SIX AU-E. 88			
agent. I am familiar with, and a dept the c	bligations of, Section 617.0503, Florid	, the above-named cornorized by the corporal a Statutes. Daghar egistered Agent signature requirements.	poration submits this statement for the purpose of characteristics board of directors. I hereby accept the appointment of the population of the property of the purpose of the property of the property of the purpose of the property of the property of the property of the property of the purpose of the property of the p	1		
	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DI			
TITLE PD	₩ DELETE	1.1 TILE	180	C)		

FILED
May 01, 1999 8:00 am §
Secretary of State

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ISAACSON, WILLIAM K 5295 TOWN CENTER RD			82 Street	Address (P.O. I	30x Number is No			
			83	82 2	.E. DIX	Aue		_
2011F 20	0.275 (2.17) (2.17)		[65]	Suite	E			
BUCA KA	TON FL 33486		84 City	\	0 1		. 85 Zip.	Code 3
11 Dumunt	14. the	0.51 (1.0)	_\	riray	Buh,	FL F	L 3	34.RS
Onice or .	to the provisions of Sections 617.0502 and 617.150 registered agent, or both, in the State of Florida. Suc	n chande was autr	ionzed by the com	corporation slub oration's board	mits this stateme	nt for the purpose	of chainging its	registered
agent. I a	am familiar with, and by dept the obligations of, Section	n 617.0503, Florida	a Statutes.		5. an 90.0701 7 710.1	uc) docept and pp	Jan'	gistered
SIGNATURE		Joseph M	Dagher			47 1 4	8147	
12.	Signature, typed or printed OFFICERS AND DIRECTORS	le. (NOTE: Re	gistered Agent signature r			DATE OFFICERS	NA DIDECTO	
TILE	PD OFFICERS AND BIRECTORS	S DELETE			TIONS/CHANGE	S TO OFFICERS A		
	1 -	TO-DEFE IE	1.1 TILE	Dennis	Paul		Change	Addition
NAME	ZIMSKI, BETH		1.2 NAME	DEMMIS	2-4-2-10	ARINA CIR	ch4 5	
STREET ADDRESS	1		1.3 STREET ADDRESS		BOCH IN	Maries of		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	BOCA	RATON,	FL 334		
IULE	VPD	☐ D&LETE	2.1 TITLE	PD			Change	Addition
VAME	MILLER, MARTIN		2.2 NAME				, .	ſ
STREET ADDRESS	Today Control of the Control of the Control		2.3 STREET ADDRESS					. '
CITY-ST-ZIP	BOCA RATON FL 33487		2.4 CITY-ST-ZIP					
MTE	VPD	DELETE	3.1 TITLE	· ·			☐ Change	☐ Addition
IAME	FORREST, LEONARD		3.2 NAME					ŀ
TREET ADDRESS	622 BOCA MARINA CT		3.3 STREET ADDRESS					ļ
CITY-ST-ZIP	BOCA RATON FL		3.4. CITY-ST-ZIP					i
TILE	TD	⊠ DELETE	4.1 TITLE	TD.			☐ Change	Addition
IAME	HARPER, CAROLE		4.2 NAME	Rober	f Scull	1	, ,	ł
TREET ADDRESS	606 BOCA MARINA CT		4.3 STREET ADDRESS	5324	BOCA MO	drina Ci	rc/e N	
ITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP			=L 3348		1
MLE	SD	☐ DELETÉ	5.1 TITLE				☐ Change	Addition
AME	KOWALSKY, WARREN		5.2 NAME					
TREET ADDRESS	630 BOCA MARINA CT		5.3 STREET ADDRESS					, [
ITY-ST-ZIP (14	BOCA RATON FL		5.4 CITY-ST-ZIP			•		ſ
TLE YOU	Harry Van 12	DELETE	6.1 TITLE		,		□ Change	Addition
AME.	The first first trade of the second of the s		6.2 NAME				0-	
TREET ADDRESS	10		6.3 STREET ADDRESS					- 1
m′-st-zip	•		6.4 CITY+ST-ZIP					1
4. I hereby o	ertify that the information supplied with this filing doe	s not qualify for the	e exemption stated	in Section 119.	07(3)(i). Florida S	tatutes. I further ce	ertify that the in	formation
indicated	on this annual report or supplemental annual report is	s true and accurate	and that my signs	ture shall have	the same lengt of	fact as if made up	der eath: that I	200 20

officer or director of the corporation or the receiver or trustee empowered 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, with all other like empowered.

APRIL 26 1999

Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees