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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 753544

1. Corporation Name
BOCA MARINA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 5268 BOCA MARINA CIRCLE SOUTH BOCA RATON FL 33487	Mailing Address 5295 TOWN CENTER RD SUITE 200 BOCA RATON FL 33486 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/30/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2174005
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent ISAACSON, WILLIAM K 5295 TOWN CENTER RD SUITE 200 BOCA RATON FL 33486	10. Name and Address of New Registered Agent 81 Name JMD Properties 82 Street Address (P.O. Box Number is Not Acceptable) 885 S.E. SIX AVE 83 Suite E 84 City Delray Bch, FL FL 85 Zip Code 33423
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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: Joseph M. Dagher DATE: 4/18/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME ZIMSKI, BETH STREET ADDRESS 636 BOCA MARINA COURT CITY-ST-ZIP BOCA RATON FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE VPD 1.2 NAME Dennis Paul 1.3 STREET ADDRESS 5298 BOCA MARINA CIRCLE S 1.4 CITY-ST-ZIP BOCA RATON, FL 33487	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME MILLER, MARTIN STREET ADDRESS 5306 BOCA MARINA CIRCLE NORTH CITY-ST-ZIP BOCA RATON FL 33487	<input type="checkbox"/> DELETE	2.1 TITLE PD 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME FORREST, LEONARD STREET ADDRESS 622 BOCA MARINA CT CITY-ST-ZIP BOCA RATON FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME HARPER, CAROLE STREET ADDRESS 606 BOCA MARINA CT CITY-ST-ZIP BOCA RATON FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE TD 4.2 NAME Robert Scully 4.3 STREET ADDRESS 5324 Boca Marina Circle N 4.4 CITY-ST-ZIP BOCA RATON, FL 33487	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME KOWALSKY, WARREN STREET ADDRESS 630 BOCA MARINA CT CITY-ST-ZIP BOCA RATON FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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, with all other like empowered.

SIGNATURE: MARTIN T. MILLER DATE: APRIL 26 1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)