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Mar 25 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 757539 (2)

1. Corporation Name

LA RESIDENCE OF BOCA DEL MAR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

23200 CAMINO DEL MAR
BOCA RATON FL 3343323200 CAMINO DEL MAR
BOCA RATON FL 33433-7196

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLD COAST PROPERTY MGMT
10001 W OAKLAND PK BLVD
SUNRISE FL 33351FEB 28 1997
203581 Name Goldman, JWA + MARTIN
82 Street Address (P.O. Box Number is Not Acceptable)
7771 W. OAKLAND PARK BLVD
83 Suite 203
84 City Sunrise FL 85 Zip Code 33322

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

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

(NOTE: Registered Agent signature required when reinstating)

3/19/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	HELFABEIN, BARRY	
STREET ADDRESS	23200 CAMINO DEL MAR	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KOEHNLEIN, ETHEL	
STREET ADDRESS	23200 CAMINO DEL MAR	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BIALY, JACK	
STREET ADDRESS	23200 CAMINO DEL MAR	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPENCER, JULIES	
STREET ADDRESS	23200 CAMINO DEL MAR	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHECHTER, TRINI	
STREET ADDRESS	23200 CAMINO DEL MAR	
CITY - ST - ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	HELFANBEIN,
13 STREET ADDRESS	33433
14 CITY - ST - ZIP	SD
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JERRY STOPCZYNSKI
2.3 STREET ADDRESS	23200 CAMINO DEL MAR
2.4 CITY - ST - ZIP	BOCA RATON FL 33433
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARVIN ZUCKERBERG
3.3 STREET ADDRESS	23200 CAMINO DEL MAR
3.4 CITY - ST - ZIP	BOCA RATON FL 33433
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	, JULIUS
4.3 STREET ADDRESS	33433
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	33433
5.4 CITY - ST - ZIP	
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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/97 561-3629729
Daytime Phone # 0042114

CR2E037 (9/96)