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Mar 25 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 # 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 33433  
23200 CAMINO DEL MAR BOCA RATON FL 33433-7196

3. Date Incorporated or Qualified 04/13/1981  
3a. Date of Last Report 03/26/1996  
4. FEI Number 59-2082631  
Applied For Not Applicable  
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 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  
GOLD COAST PROPERTY MGMT  
10001 W OAKLAND PK BLVD  
SUNRISE FL 33351  
FEB 28 1997  
2035

10. Name and Address of New Registered Agent  
81 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 617.0302 and 617.1506, 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]*, as agent DATE: 3/19/97  
(NOTE: Registered Agent signature required when reinstating)

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME	HELFANBEIN,		
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP	33433		
2.1 TITLE	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	T	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>	<input checked="" type="checkbox"/>
4.2 NAME	, JULIUS		
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP	33433		
5.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP	33433		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 supplement to 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: *[Signature]* DATE: 3/20/97 DAYTIME PHONE: 561-3629729  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)