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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 757539 (2)
1. Corporation Name
LA RESIDENCE OF BOCA DEL MAR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 23200 CAMINO DEL MAR BOCA RATON FL 33433	Mailing Address 23200 CAMINO DEL MAR BOCA RATON FL 33433
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3. Date Incorporated or Qualified 04/13/1981	
4. FEI Number 59-2082631	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

9. Name and Address of Current Registered Agent

**GOLMAN, JUDA
7771 W OAKLAND PARK BLVD
203
SUNRISE FL 33322**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME HELFBANBEIN, BARRY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 23200 CAMINO DEL MAR	CITY-ST-ZIP BOCA RATON FL	1.2 NAME	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TITLE SD	NAME STOPCZYNSKI, JERRY	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 23200 CAMINO DEL MAR	CITY-ST-ZIP BOCA RATON FL	2.1 TITLE	
	<input checked="" type="checkbox"/> DELETE	2.2 NAME	
TITLE T	NAME SUCKERBERG, MARVIN	2.3 STREET ADDRESS	
STREET ADDRESS 23200 CAMINO DEL MAR	CITY-ST-ZIP BOCA RATON FL	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.1 TITLE	
TITLE D	NAME SPENCER, JULIUS	3.2 NAME	
STREET ADDRESS 23200 CAMINO DEL MAR	CITY-ST-ZIP BOCA RATON FL	3.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
TITLE D	NAME SCHECHTER, TRINI	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 23200 CAMINO DEL MAR	CITY-ST-ZIP BOCA RATON FL	4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY-ST-ZIP	
STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		5.2 NAME	
		5.3 STREET ADDRESS	
		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	

SD
PUGATZ, EUGENE
23200 CAMINO DEL MAR
BOCA RATON, FL

ZUCKERBERG, MARVIN

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.

SIGNATURE: *[Signature]* 3/10/98 561-362-9729

CR2E037 (10/97)