

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761559 (4)
1. Corporation Name
BOCA PATIO VILLAGE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O BEACON PROPERTY MGMT
BOCA RATON FL 33481
US
1 N. OCEAN BLVD
SUITE 7
BOCA RATON FL 33432
US

3. Date Incorporated or Qualified 01/22/1982
3a. Date of Last Report 04/07/1995
4. FEI Number 65-0207577
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 22207 Fresno Terr. 26 500 E. Spanish River Blvd.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 2 27 #18
City & State City & State
23 Boca Raton, FL. 28 Boca Raton, FL.
Zip Country Zip Country
24 25 29 33431 30

9. Name and Address of Current Registered Agent
WILLIS, ERNEST W
C/O BEACON PROPERTY MANAGEMENT INC.
1 N. OCEAN BLVD, SUITE 7
BOCA RATON FL 33487

10. Name and Address of New Registered Agent
81 Name Ernest Willis
82 Street Address (P.O. Box Number is Not Acceptable)
Beacon Property Mgmt.
83 500 E. Spanish River Blvd. #18
84 City Boca Raton FL 85 Zip Code 33431

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

ERNEST W. WILLIS 3-27-96
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD ☐ DELETE
NAME PERKINS, E. L
STREET ADDRESS 7964 LOVE LANE
CITY-ST-ZIP BOCA RATON FL
TITLE VP ☐ DELETE
NAME KLEIN, GENE, RABBI
STREET ADDRESS 7929 LOVE LANE
CITY-ST-ZIP BOCA RATON FL
TITLE DS ☐ DELETE
NAME ARTHUR WINGARTEN
STREET ADDRESS 7951 LITTLE LANE
CITY-ST-ZIP BOCA RATON FL
TITLE TD ☐ DELETE
NAME BARBARA FINELLE
STREET ADDRESS 22157 THOMAS TERRACE
CITY-ST-ZIP BOCA RATON FL
TITLE D ☐ DELETE
NAME SHAINBERG, RHODA
STREET ADDRESS 22211 THOMAS TERRACE
CITY-ST-ZIP BOCA RATON FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☒ Addition
6.2 NAME D.
6.3 STREET ADDRESS Paul Ijac
6.4 CITY-ST-ZIP 22231 Thomas Terrace, Boca Raton, FL.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Ernest Willis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/96
Date

Daytime Phone #

CR2E037 (12/95)