

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

22207 FRESNO TERRACE
BOCA RATON FL 33481
US500 E. SPANISH RIVER BLVD
SUITE 18
BOCA RATON FL 33431-4558
US3. Date Incorporated or Qualified
01/22/19823a. Date of Last Report
04/08/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

9. Name and Address of Current Registered Agent

WILLIS, ERNEST W
C/O BEACON PROPERTY MANAGEMENT INC.
500 E. SPANISH RIVER BLVD #18
BOCA RATON FL 33431

2a. Mailing Address

26 951 Broken Sound Pkwy

Suite, Apt. #, etc.

27 Ste 250

City & State

28 Boca Raton, FL

Zip

29 33444

Country

30 PR

4. FEI Number

65-0207577

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

Community Association Services

82 Street Address (P.O. Box Number Is Not Acceptable)

951 Broken Sound Pkwy Ste 250

83

84 City

Boca Raton

FL

85 Zip Code

33487

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

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

(NOTE: Registered Agent signature required when reinstating)

4/10/97

DATE

12. OFFICERS AND DIRECTORS

TITLE PD PERKINS, E. L. ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP
7964 LOVE LANE
BOCA RATON FLTITLE VD ☒ DELETENAME
STREET ADDRESS
CITY - ST - ZIP
KLEIN, GENE, RABBI
7929 LOVE LANE
BOCA RATON FLTITLE DS ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP
ARTHUR WINGARTEN
7951 LITTLE LANE
BOCA RATON FLTITLE TD ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP
BARBARA FINELLE
22157 THOMAS TERRACE
BOCA RATON FLTITLE D ☒ DELETENAME
STREET ADDRESS
CITY - ST - ZIP
IAC, PAUL
22231 THOMAS TERRACE
BOCA RATON FLTITLE ☐ DELETENAME
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 ☐ 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/97

Date

561-994-1788

Daytime Phone # 0098761

CR2E037 (9/96)