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Apr 02 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 # **7659901**
 1. Corporation Name
BOCA DELRAY I Condominium Assoc Inc

copy 1 - 100
copy

Principal Place of Business Mailing Address
5483 BOCA DELRAY BLVD
DELRAY Bch, FL 33484

3. Date Incorporated or Qualified 12/3/82	3a. Date of Last Report 1996
4. FEI Number 59 4242100	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent
AVERY C. FRIED
5106 OAKHILL LN #912
DELRAY Bch, FL 33484

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
FL

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 for 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]* DATE: *[Date]*

12. OFFICERS AND DIRECTORS

TITLE	MAX PROSTOK PRES <input checked="" type="checkbox"/> DELETE D
NAME	
STREET ADDRESS	5087 OAKHILL LN #316
CITY - ST - ZIP	DELRAY Bch, FL 33484
TITLE	HYMAN DEUTCHMAN V-Pres <input type="checkbox"/> DELETE D
NAME	
STREET ADDRESS	5086 OAKHILL LN #812
CITY - ST - ZIP	DELRAY Bch, FL 33484
TITLE	AVERY C. FRIED TRS <input checked="" type="checkbox"/> DELETE D
NAME	
STREET ADDRESS	5106 OAKHILL LN #912
CITY - ST - ZIP	DELRAY Bch, FL 33484
TITLE	ELWIE PENETZMAN <input type="checkbox"/> DELETE D
NAME	
STREET ADDRESS	5087 OAKHILL LN #313
CITY - ST - ZIP	DELRAY Bch, FL 33484
TITLE	DOAN COYLE <input type="checkbox"/> DELETE D
NAME	
STREET ADDRESS	5085 OAKHILL LN #214
CITY - ST - ZIP	DELRAY Bch, FL 33484
TITLE	ROBERT GREENSTEIN Secy. <input type="checkbox"/> DELETE D
NAME	
STREET ADDRESS	5121 OAKHILL LN #411
CITY - ST - ZIP	DELRAY Bch, FL 33484

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	BENJAMIN REATZOS D
1.4 CITY - ST - ZIP	5085 OAKHILL LN #214 DELRAY Bch, FL 33484
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	BARBARA LENGUEL D
2.4 CITY - ST - ZIP	5087 OAKHILL LN #325 DELRAY Bch, FL 33484
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	500002132045
6.3 STREET ADDRESS	-04/02/97--01124--016
6.4 CITY - ST - ZIP	***61.25

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]* DATE: **4/2/97**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **AVERY C. FRIED**
 Daytime Phone #: **561-499-1540**

CR2E037 (9/96)