

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 20 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 765999 (8)**

1. Corporation Name  
**BOCA DELRAY I CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>5483 BOCA DELRAY BLVD. DELRAY BEACH FL 33484</b>	Mailing Address <b>5483 BOCA DELRAY BLVD. DELRAY BEACH FL 33484</b>
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3. Date Incorporated or Qualified  
**12/03/1982**

4. FEI Number  
**59-4242100**

Applied For	Not Applicable
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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
Zip 29	Country 30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**FRIED, AVERY C.  
5106 OAKHILL LN #912  
DELRAY BEACH 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	<b>FL</b> 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 reinstalling) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LENGYEL, BARBARA</b>	1.2 NAME	<b>D ELSIE PERETZMAN</b>
STREET ADDRESS	<b>5087 OAKHILL LN #325</b>	1.3 STREET ADDRESS	<b>5087 OAKHILL LN #313</b>
CITY-ST-ZIP	<b>DELRAY BCH FL 33484</b>	1.4 CITY-ST-ZIP	<b>DELRAY BCH, FL 33484</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEUTCHMAN, HYMAN</b>	2.2 NAME	
STREET ADDRESS	<b>5056 OAKHILL LANE, SUITE 812</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PROSTOK, MAX</b>	3.2 NAME	
STREET ADDRESS	<b>5087 OAKHILL LN 316</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRIED, AVERY</b>	4.2 NAME	
STREET ADDRESS	<b>5106 OAKHILL LN 912</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DORIS COYLE</b>	5.2 NAME	
STREET ADDRESS	<b>5055 OAKHILL LANE # 214</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BCH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREENSTEIN, ROBERT</b>	6.2 NAME	
STREET ADDRESS	<b>5121 OAKHILL LN #411</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BCH FL 33484</b>	6.4 CITY-ST-ZIP	

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: *AVERY C. FRIED* **Treas-DIR** 1/6/98 561-499-2540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0045729

CR2E037 (10/97)