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Feb 19, 1999 8:00 am  
Secretary of State

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NONPROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 765999

1. Corporation Name

BOCA DELRAY I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business  
5483 BOCA DELRAY BLVD.  
DELRAY BEACH FL 33484

Mailing Address  
5483 BOCA DELRAY BLVD.  
DELRAY BEACH FL 33484



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

12/03/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
59-4242100

Applied For  
Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRIED, AVERY C.  
5106 OAKHILL LN #912  
DELRAY BEACH FL 33484

81 Name

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

83

84 City

FL

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 617.0003, Florida Statutes.

SIGNATURE

*Avery C. Fried* AVERY C. FRIED TREAS, 1/4/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LENGYEL, BARBARA	
STREET ADDRESS	5087 OAKHILL LN #325	
CITY-ST-ZIP	DELRAY BCH FL 33484	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DEUTCHMAN, HYMAN	
STREET ADDRESS	5056 OAKHILL LANE, SUITE 812	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PROSTOK, MAX	
STREET ADDRESS	5087 OAKHILL LN 316	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FRIED, AVERY	
STREET ADDRESS	5106 OAKHILL LN 912	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	XD	<input type="checkbox"/> DELETE
NAME	DORIS COYLE	
STREET ADDRESS	5055 OAKHILL LANE # 214	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GREENSTEIN, ROBERT	
STREET ADDRESS	5121 OAKHILL LN #411	
CITY-ST-ZIP	DELRAY BCH FL 33484	

1.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BEUDMAN REITZES	
1.3 STREET ADDRESS	5055 OAKHILL LN #221	
1.4 CITY-ST-ZIP	DELRAY BCH, FL 33484	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE:

*Avery C. Fried* AVERY C. FRIED 1/4/99 561-499-7540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)