FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

CITY - ST - ZIP

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769535

(6)

BOCA WALK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address								TION BION 1861	
% GREENLITE PROP MGMT. 141 NW 20TH ST. BOCA RATON FL 33431		% GREENLITE PROP MGMT. 141 NW 20TH ST. BOCA RATON FL 33431-7966							
					3. Date Incorpo 07/25/	rated or Qualified 1983	3a. Date of Last F 07/03/19		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	70004	A	pplied For	
21		26			59-237	0201		ot Applicable	
Suite, Apt	#, elc.	Suite, Apt. #, etc.			5. Certificate of	Status Desired	4	Additional equired	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
23		Zip Country				Trust Fund Contribution Added to Fees			
Zip 24	Country Zip Co			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No					
9. Name and Address of Current Registered Agent			1301	10. Name and Address of New Registered Agent					
R1 Name I									
SILVERSTEIN, NORMAN					Lee BURG - Becker + Poliafoff				
% GREENLITE PROP MGMT.				82 Street Address (P.O. Box Number is Not Acceptable) 3/11 ST, PING Pood					
141 NW 20TH ST.				3	<u> </u>				
BOCA RATON FL 33431					<u>-</u>				
000/1/1			1	City F	t. Louderdal	,		Code	
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, Florida Si	atutes, the ab	ve-named c	corporation submits this	statement for the pu	roose of changing	its registered	
office or registered agent, or bott, 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 / 128/97									
	Signature, type or printed name of registered ager			Agent signature r	equired when reinstating)		DATE		
12.	OFFICERS AND		13.		ADDITIONS/C	HANGES TO OFFICE			
TITLE	SD COUNTRICK DALIE A	☐ DELETE					Change	Addition	
NAME	SCHNACKONBERG, PAULA	TO LITTO WAS AND	1.2 NAA					İ	
STREET ADDRESS	% GREENLITE PROP MGMT. 1	INTI NY ZUITI OI.						Ţ	
CITY-ST-ZIP	BOCA RATON FL 33431	IV DELETE		-ST-ZIP			[] Channa	D' Addition	
TITLE	D DOMINOUEZ MANE	X) DELETE	2.1 1111		TD MARV Hardin	JGn ,	☐ Change	Addition	
NAME	DOMINGUEZ, JANE	CAL BRAI MATH CT	2.2 NAA	· .		Bloom (irole 34		
STREET ADDRESS	% GREENLITE PROP MGMT.	INI NW ZUIN SI.		EET ADDRESS	6471		acces all	33	
CITY-ST-ZIP	BOCA RATON FL 33431	DELETE		Y-ST-ZIP	1/30001	acon 3	KI Change	Addition	
TITLE	D MIDAOLIA CHADICO	☐ DELETE		1	YY /		471 Cuange	Addition	
NAME	MIRAGLIA CHARLES % GREENLITE PROP MGMT.	TO LITAR WAR AND	3.2 NAA	1					
STREET ADDRESS		141 NW ZUITI SI.		EET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33431	N DELETE		Y-ST-ZIP			Change	Addition	
TITLE	TD DIEDE EUZADETU A	M DEFELE	1	t	Capol Taffe			VALUE AUDITION	
NAME	PURDIE ELIZABETH A.	444 NRW MATU OT	4. 2 NA		1 000	100001	1		
STREET ADDRESS	% GREENLITE PROP MGMT.	141 HTT ZUIN SI.		EET ADDRESS	(292)	かんろう	ancel,		
CITY-ST-ZIP	BOCA RATON FL 33431 PD	DELETE		'-ST-ZIP	1 gual qu	mon - x	Change	Addition	
TITLE		E DELETE			,		L_1 Orange		
NAME	WARTON, SANDRA % GREENLITE PROP MGMT.	141 NW 20TH ST	5.2 NAJ	Į.					
STREET ADDRESS	BOCA RATON FL 33431	171 NW 20111 OI.	4	EET ADDRESS					
CITY-ST-ZIP	DOOK PATON PL 33431	DELETE		r-ST-ZIP			Change	Addition	
TITLE		Em Dettit	6.2 NAJ				had winiff		
NAME				ľ				ļ	
STREE1 ADDRESS			0.3 516	EET ADDRESS					

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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIOLOGY OF PRINTED NAME OF BIOLOGY

6.4 CITY-ST-ZIP