

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 07 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 # 769562 (0)

1. Corporation Name  
MERIDIANA AT BOCA POINTE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: 3500 GATEWAY DR, STE 202, POMPANO BEACH FL 33069 US  
Mailing Address: 38500 GATEWAY DR, STE 202, POMPANO BEACH FL 33069 US

3. Date Incorporated or Qualified: 07/26/1983  
3a. Date of Last Report: 03/05/1996

2. Principal Place of Business: 21 1215 East Hillsboro Blvd, Suite, Apt. #, etc.  
22 City & State: Deerfield Beach, FL  
23 Zip: 33441, Country: US  
24 33441, 25 US  
2a. Mailing Address: 26 1215 East Hillsboro Blvd, Suite, Apt. #, etc.  
27 City & State: Deerfield Beach, FL  
28 Zip: 33441, Country: US  
29 33441, 30 US

4. FEI Number: 59-2389597  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: MORRIS, PAUL, 22683 MERIDIANA DR, BOCA RATON FL 33433  
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, 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) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, PAUL	1.2 NAME	
STREET ADDRESS	22683 MERIDIANA DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, WILLIAM	2.2 NAME	
STREET ADDRESS	22601 MERIDIANA DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERLMUTTER, STANLEY	3.2 NAME	
STREET ADDRESS	22696 MERIDIANA DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	<del>VD</del> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>BERNSTEIN, CLAYTON</del> IRWIN SCHRAM	4.2 NAME	
STREET ADDRESS	22640 MERIDIANA DR 22779 Meridiana Dr	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL Boca Raton FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANHEIMER, HARVEY	5.2 NAME	
STREET ADDRESS	22709 MERIDIANA DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>HARVEY, KAY</del> Art Landauer	6.2 NAME	
STREET ADDRESS	22761 MERIDIANA DR 22719 Meridiana Dr	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL Boca Raton FL	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: *Paul Morris*

CR2E037 (9/96)