

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State,
DIVISION OF CORPORATIONS

DOCUMENT # **N00678 (5)**
1. Corporation Name
BOCA RIDGE GLEN HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: **20950 BOCA RIDGE DR. W. BOCA RATON FL 33428**
Mailing Address: **20950 BOCA RIDGE DR. W. BOCA RATON FL 33428**

3. Date Incorporated or Qualified: **12/30/1983**
3a. Date of Last Report: **07/21/1995**
4. FEI Number: **59-2499245**
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

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip Country
24. Zip Country
25. Zip Country
26. Mailing Address
27. Suite, Apt. #, etc.
28. City & State
29. Zip Country
30. Zip Country

9. Name and Address of Current Registered Agent
**ALL FLORIDA MANAGEMENT
4301 OAK CIRCLE # 18
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent
81. Name: **GLEN MANAGEMENT SERVICES**
82. Street Address (P.O. Box Number is Not Acceptable): **4301 OAK CIRCLE #23**
83.
84. City: **BOCA RATON, FL**
85. Zip Code: **33431**

11. Pursuant to the provisions of Sections 617.0602 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]* **3/12/96**
Date: **3/12/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: VPD	SECKEL, HENRY <input checked="" type="checkbox"/> DELETE	1.1 TITLE: TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: SECKEL, HENRY		1.2 NAME: MICHAEL MIES
STREET ADDRESS: 20949 BOCA RIDGE DR. G.		1.3 STREET ADDRESS: 20913 BOCA RIDGE DRIVE WEST
CITY-ST-ZIP: BOCA RATON FL 33428		1.4 CITY-ST-ZIP: BOCA RATON, FL. 33428
TITLE: TD	BUTENSKY, JOE <input type="checkbox"/> DELETE	2.1 TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: BUTENSKY, JOE		2.2 NAME: JUDD RICHHEIMER
STREET ADDRESS: 20827 BOCA RIDGE DRIVE NORTH		2.3 STREET ADDRESS: 20828 BOCA RIDGE DRIVE NORTH
CITY-ST-ZIP: BOCA RATON FL		2.4 CITY-ST-ZIP: BOCA RATON, FL. 33428
TITLE: SD	WARD, BILL <input checked="" type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WARD, BILL		3.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 20925 BOCA RIDGE DR SOUTH		3.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: BOCA RATON FL 33428		3.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD	TOMBERG, STAN <input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: TOMBERG, STAN		4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 20900 BOCA RIDGE DRIVE WEST		4.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: BOCA RATON FL 33428		4.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	WEINBERG, SHELLEY <input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WEINBERG, SHELLEY		5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 20901 BOCA RIDGE DRIVE WEST		5.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: BOCA RATON FL 33428		5.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <input type="checkbox"/> DELETE		6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> DELETE		6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: <input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]* **3/12/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Pres.**
Date: **3/12/96** Daytime Phone #:

CR2E037 (12/95)