

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 21 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N00872** (4)

1. Corporation Name
BPCA CONDOMINIUMS ASSOCIATION, INC.

Principal Place of Business Mailing Address
6421 CONGRESS AVE. 100. P.O. BOX 27-2310 **6421 CONGRESS AVE. 100. P.O. BOX 27-2310**
BOCA RATON FL 33487 **BOCA RATON FL 33487**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/10/1984	3a. Date of Last Report 03/24/1994
4. FEI Number 59-2378197	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 23123 STATE ROAD 7	26 P.O. BOX 2310
22 SUITE 350 A	27 SUITE, APT. #, etc.
23 BOCA RATON, FL	28 BOCA RATON, FL
24 33428	29 33427-2310
25 USA	30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PALOMBI, GARY 6421 CONGRESS AVE SUITE 100 BOCA RATON FL 33487	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
23123 STATE ROAD 7 SUITE 350 A BOCA RATON, FL 33428	

11. Pursuant to the provisions of Sections 607.0902 and 607.1508, 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 607.0905, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILDINGER, FRED	1.2 NAME	SECRETARY
STREET ADDRESS	22180 PALMS WAY, #102	1.3 STREET ADDRESS	KAREN CARBONE
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	22159 PALMS WAY, #102 BOCA RATON, FL 33433
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMEROTA, MICHAEL	2.2 NAME	
STREET ADDRESS	22085 PALMS WAY #101	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBER, GOERGE	3.2 NAME	
STREET ADDRESS	22052 PALMS WAY #108	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IANNAZZI, ROBERT	4.2 NAME	CAICO, MARIO
STREET ADDRESS	21022 SHADY-VISTA LANE	4.3 STREET ADDRESS	22160 PALMS WAY, # 101
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORMACK, WILLIAM	5.2 NAME	
STREET ADDRESS	22040 PALMS WAY #103	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWSON, PETER-	6.2 NAME	
STREET ADDRESS	P.O. BOX 108	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAHANT MA 01908	6.4 CITY-ST-ZIP	

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)(4), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR