

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
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DOCUMENT # N00872 (4)

1. Corporation Name
BPCA CONDOMINIUMS ASSOCIATION, INC.



Principal Place of Business 23123 STATE ROAD 7 SUITE 350 A BOCA RATON FL 33428 US	Mailing Address P.O. BOX 2610 BOCA RATON FL 33427-2210 US R.M.C. P.O. Box 97-0069 Boca Raton, FL 33497-0069
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3. Date Incorporated or Qualified 01/10/1984	3a. Date of Last Report 04/21/1995
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
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 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30
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9. Name and Address of Current Registered Agent PALOMBI, GARY 6421 CONGRESS AVE SUITE 100 BOCA RATON FL 33487 GARY PALOMBI 23123 State Rd 7 Suite 350A Boca Raton, FL 33428	10. Name and Address of New Registered Agent 81 Name Gary Palombi c/o R.M.C., Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 23123 St. Rd 7 Suite 350-A 83 84 City Boca Raton 85 Zip Code FL 33428
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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 Gary Palombi 4/1/96
Signature, typed or printed name, of registered agent and firm, if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAREN CARBONE 22159 PALMS WAY, #102 BOCA RATON FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAMEROTA, MICHAEL 22065 PALMS WAY #101 BOCA RATON FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUBER, GOERGE 22052 PALMS WAY #106 BOCA RATON FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GEORGE HUBER Judy Huber 22052 Palms Way #106 Boca Raton, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAICO, MARIO 22160 PALMS WAY, #201 BOCA RATON FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Robert Iannazzi 21023 Shady Vista Lane Boca Raton, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCORMICK, WILLIAM 22040 PALMS WAY #103 BOCA RATON FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Nancy Horan 22052 Palms way #202 Boca Raton, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAWSON, PETER P.O. BOX 168 NAHANT MA 01908 <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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: George Huber 4/1/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/MONTH/YEAR

CR2E037 (12/95)