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Mar 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N00872** (4)
1. Corporation Name
BCPA CONDOMINIUMS ASSOCIATION, INC.



Principal Place of Business 23123 STATE ROAD 7 SUITE 350 A BOCA RATON FL 33428 US	Mailing Address P.O. BOX 2310 BOCA RATON FL 33427-2310 US
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3. Date Incorporated or Qualified 01/10/1984	3a. Date of Last Report 04/02/1996
4. FEI Number 59-2378197	Applied For <input type="checkbox"/> 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	2a. Mailing Address PO Box 97-0069
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State Boca Raton, FL
23. Zip	28. Zip 33497-0069
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent
GARY PALOMBI C/O RMC INC
23123 ST RD 7 SUITE 350-A
SUITE 400-
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83. Suite 350 A	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	IANNAZZI, ROBERT	
STREET ADDRESS	21023 SHADY VISTA LANE	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CAMEROTA, MICHAEL	
STREET ADDRESS	22065 PALMS WAY #101	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HUBER, GEORGE	
STREET ADDRESS	22052 PALMS WAY #106	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAICO, MARIO	
STREET ADDRESS	22160 PALMS WAY, #201	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCCORMICK, WILLIAM	
STREET ADDRESS	22040 PALMS WAY #103	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HORAN, NANCY	
STREET ADDRESS	22052 PALMS WAY #202	
CITY - ST - ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Frances Russo
5.3 STREET ADDRESS	22112 Palms Way #102
5.4 CITY - ST - ZIP	Boca Raton FL 33433
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	700002112227
6.3 STREET ADDRESS	-03/13/97--01014--039
6.4 CITY - ST - ZIP	***61.25

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: *Robert M. Russo* 2/24/97 (S61) 393-6163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0041758

CR2E037 (9/96)