

**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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 10 PM 1:50

DOCUMENT # **N00874 (0)**  
1. Corporation Name  
**PROMENADE AT BOCA POINTE HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**7137 A PROMENADE DR. BOCA RATON FL 33433** **7137 A PROMENADE DR. BOCA RATON FL 33433**

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified **01/12/1984** 3a. Date of Last Report **04/07/1994**  
4. FEI Number **59-2385991** Applied For  Not Applicable

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

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**GALLUB, PHIL  
7202 PROMENADE DR  
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent  
B1 Name **Benjamin Shapiro**  
B2 Street Address (P.O. Box Number is Not Acceptable) **7225 Promenade Dr**  
B3  
B4 City **Boca Raton** FL B5 Zip Code **33433**

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE **4-3-95**

12. OFFICERS AND DIRECTORS  
TITLE PT *Benjamin Shapiro*  
NAME **GALLUB, PHILLIP**  
STREET ADDRESS **7202 PROMENADE DR**  
CITY - ST - ZIP **BOCA RATON FL**  
TITLE V  
NAME **RATNER, WILLIAM**  
STREET ADDRESS **7225 PROMENADE DR**  
CITY - ST - ZIP **BOCA RATON FL**  
TITLE S  
NAME **HELLER, ROBERT**  
STREET ADDRESS **7129 PROMENADE DR**  
CITY - ST - ZIP **BOCA RATON FL**  
TITLE D  
NAME **CHERNOW, DAVID D**  
STREET ADDRESS **7137 PROMENADE DR**  
CITY - ST - ZIP **BOCA RATON FL**  
TITLE D  
NAME **STONE, JAN**  
STREET ADDRESS **7170 PROMENADE DR**  
CITY - ST - ZIP **BOCA RATON FL**  
TITLE D  
NAME **SALK, PHIL**  
STREET ADDRESS **7178 PROMENADE DR**  
CITY - ST - ZIP **BOCA RATON FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME **Benjamin Shapiro**  
1.3 STREET ADDRESS **7225 Promenade Dr**  
1.4 CITY - ST - ZIP **Boca Raton, FL 33433**  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME **Jack Mesches**  
6.3 STREET ADDRESS **7178 Promenade Dr**  
6.4 CITY - ST - ZIP **Boca Raton, FL 33433**

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 110.07(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 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]* **3/21/95** 395-2678  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (40) Federal Reserve