

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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 33433-6909

3. Date Incorporated or Qualified
01/12/1984

3a. Date of Last Report
03/18/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

59-2385991

Not Applicable

Suite, Apt #, etc.

Suite, Apt #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHAPIRO, BENJAMIN
7225 PROMENADE DR
BOCA RATON FL 33433

81 Name

Community Assoc. Service

82 Street Address (P.O. Box Numbers Not Acceptable)

83 7137 Promenade Dr

84 City

Boca Raton

FL

85 Zip Code

33433

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PT	<input type="checkbox"/> DELETE
NAME	SHAPIRO, BENJAMIN	
STREET ADDRESS	7225 PROMENADE DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RATNER, WILLIAM	
STREET ADDRESS	7225 PROMENADE DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DECKER, PEARL	
STREET ADDRESS	7178 PROMENADE DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHERNOW, DAVID D	
STREET ADDRESS	7137 PROMENADE DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STONE, JAN	
STREET ADDRESS	7170 PROMENADE DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MESCHES, JACK	
STREET ADDRESS	7178 PROMENADE DR	
CITY-ST-ZIP	BOCA RATON FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Decker, Otto	
3.3 STREET ADDRESS	7178 Promenade Dr	
3.4 CITY-ST-ZIP	Boca Raton, FL	
4.1 TITLE	V D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	S D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Kronhaus, Larry	
5.3 STREET ADDRESS	7217 Promenade Dr	
5.4 CITY-ST-ZIP	Boca Raton, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 2/3/97 561-395-7722

Daytime Phone # 0042079

CFR2E037 (9/96)