NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # NO2405 1. Corporation Name

BOCA DELRAY II CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Busines | | | | | | | | | | |
|----------------------------|----|----|------|-----|-------|--|--|--|--|--|
| 5483 | во | CA | DEL | RAY | BLVD. | | | | | |
| DELR | ΑY | BC | H FL | 334 | 84 | | | | | |

Mailing Address

5483 BOCA DELRAY BLVD. DELRAY BCH FL 33484

FILED Feb 21, 1999 8:00 am § Secretary of State

02-21-1999 90011 042 ****61.25



3. Date Incorporated or Qualifed

| 2. Principal Place of Business 2 | | 2a. Mailing Address | | | 3. Date Incorporated or Qualified | | | | | |
|----------------------------------|--|--------------------------------------|-------------|---|---|------------------|------------------|-------------|--|--|
| 21 | | 26 | | | 04/05/1984 4. FFI Number Applied F | | | | | |
| Suite, Apt. | ¥, etc. | Suite, Apt. #, etc. | | | 4. FEI Number 65-0327051 | | <u> </u> | Applicable | | |
| 22 | | 27 | | | 000027001 | | \$8.75 A | | | |
| City & State | 9 | City & State | | | 5. Certifcate of Status Desired | | Fee Rec | I . | | |
| 23 | | 28 | Country | | | · | \$5.00 | | | |
| Zip | CountryZip | | | | Election Campaign Financing Trust Fund Contribution | | Added to | • | | |
| 4 25 29 30 | | | <u> </u> | 10. Name and Address of New Registered Agent | | | | | | |
| | 9. Name and Address of Current | Registered Agent | 81 | Name | TO. Malite and Addiose of the Co. | | | - | | |
| | | | " | | | | | | | |
| Brown, Kenneth | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 5154 OAKHILL LANE | | | 83 | | | | | | | |
| #1012 | | | | | <u> </u> | | · | | | |
| – | EACH, FL/ 33484 | | 84 | City | | FI | 85 Zip C | ode | | |
| | | | | <u> </u> | i to the state of the the | | | registered | | |
| 11. Pursuant | to the provisions of Sections 617.050: | 2 and 617.1508, Florida Statutes, | the above | -named com | poration submits this statement for the ion's board of directors. I hereby acce | ot the appo | ointment as reg | istered | | |
| office or re | egistered agent, or both, in the State of th | tions of, Section 617.0503, Florida | Statutes. | | | | | | | |
| = | min and the second | | | | | | | <u>.</u> | | |
| SIGNATURE | Signature, typed or printed name of registered agent | t and title if applicable. (NOTE: Re | | t signature requin | ad when reinstating) ADDITIONS/CHANGES TO OF | DATE FICERS A | ND DIRECTO | RS IN 12 | | |
| 12. | OFFICERS AN | D DIRECTORS | 13. | | ADDITIONS/OFFARGED TO G. | 11021101 | Change | Addition | | |
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | | | | | | |
| NAME | BROWN, KENNETH | | 1.2 NAME | | | | | | | |
| STREET ADDRESS | THE CANCELL AND | | 1.3 STREET | ADDRESS | | - | • | | | |
| CITY-ST-ZIP | DELRAY BEACH FL 33484 | | 1.4 CITY-S | r-ZIP | | | Change | Addition | | |
| TITLE | TD | ☐ DELETE | 2.1 TTLE | | | i. | Change | ☐ Madison | | |
| NAME | SALKEN, ROZ | | 2.2 NAME | | | | | | | |
| STREET ADDRESS | 5154 OAKHILL LANE | | 2.3 STREE | F ADDRESS | | | | | | |
| CITY-ST-ZIP | DELRAY BEACH FL | | 2. 4 CITY-S | IT-ZIP | | | | - Addition | | |
| TITLE | VD | DELETE | 3.1 TITLE | | | | Change | Addition | | |
| NAME | BRODBAR, HOWARD | | 3.2 NAME | | | | * | | | |
| | TOAN #4004 | | 3.3 STREE | TADDRESS | | | | | | |
| STREET ADDRESS | DELRAY BEACH FL 33484 | | 3.4. CITY-5 | ST-ZIP | | | | | | |
| CITY-ST-ZIP | | DELETE | 4.1 TITLE | | D , | | Change | Addition | | |
| NAME | D Winn. Joyce | | 4. 2 NAME | H | lagold hine. | | . – | | | |
| | | | 4.3 STREE | TADDRESS [| 6817 OAKhill Lane | 平13 | 1) | | | |
| STREET ADDRESS | DELRAY BEACH FL | | 4.4 CITY-5 | n-zip 📆 | Zelvar Beach Fl 3 | <u> 3484 </u> | | _ <u></u> | | |
| CITY-ST-ZIP | | DELETE | 5.1 TITLE | | | | ☐ Change | ☐ Addition | | |
| TITLE | D D | | 5.2 NAME | | | | | | | |
| NAME | KOGUT, FRANK | | 5.3 STREE | T ADORESS | | | | | | |
| STREET ADORESS | | | 5.4 CITY-5 | ST-ZIP | | | | | | |
| CITY-ST-ZIP | DELRAY BEACH FL 33484 | ☐ DELETE | 6.1 TITLE | | | | Change | Addition | | |
| TITLE | SD | Lu | 6.2 NAME | | | | • . | | | |
| NAME | REARDON, RICHARD | | | TADDRESS | | | , | | | |
| STREET ADDRESS | 0.00 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. | | 6.4 CITY= | 1 | • | | | | | |
| CITY-ST-ZIP | DELRAY BEACH FL | | 0.4 0117 | 71-21 | Section 119 07(3)(i). Florida Statutes | I further | certify that the | information | | |

14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental annual report is true and accurate officer or director of the corporation or the receiver or trustee empowered to execute Block 12 or Block 13 if changed or on an attachment with an address, with an officer or trustee empower or trustee. sempton stated in Section 119.07(3)(i), Florida Statutes, i turnier certify that the information did that my signature shall have the same legal effect as if made under oath; that I am an this report as required by Chapter 617, Florida Statutes; and that my name appears in the empowered.

SIGNATURE: