

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

APPROVED
AND
FILED

95 MAY -1 PM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03554 (5)

1. Corporation Name

**VILLA FLORA AT BOCA POINTE HOMEOWNERS ASSOCIATIO
N, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**% ALLSTATE PROPERTY MANAGEMENT REALTY
21000 BOCA RIO ROAD. #A-9
BOCA RATON FL 33433**

3. Date Incorporated or Qualified **06/08/1984** 3a. Date of Last Report **09/30/1994**

4. FBI Number **59-2739558** Applied For
Net Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, 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. 190.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERGER, BEN
% ALLSTATE PROPERTY MANAGEMENT REALTY
21000 BOCA RIO ROAD, #A-9
BOCA RATON FL 33433**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 *Ben Berger*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **4/25/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	SACHAROW, ROBERT
STREET ADDRESS	6438 VIA ROSA
CITY- ST- ZIP	BOCA RATON FL
TITLE	VD
NAME	EHRlich, GAIL
STREET ADDRESS	6450 VIA ROSA
CITY- ST- ZIP	BOCA RATON FL
TITLE	TD
NAME	AXELROD, MARTIN
STREET ADDRESS	6400 VIA ROSA
CITY- ST- ZIP	BOCA RATON FL
TITLE	S
NAME	TULCHIN, HOWARD
STREET ADDRESS	6432 VIA ROSA
CITY- ST- ZIP	BOCA RATON FL
TITLE	D
NAME	WEINSTEIN, MARTIN
STREET ADDRESS	6471 VIA ROSA
CITY- ST- ZIP	BOCA RATON FL
TITLE	D
NAME	GILBERT, JOSEPH
STREET ADDRESS	6537 VIA ROSA
CITY- ST- ZIP	BOCA RATON FL

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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D BERKOW, WALTER
6.3 STREET ADDRESS	6534 VIA ROSA
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 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: *Martin Weinstein*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/25/95**