## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name N06140

(0)

PROMENADE AT BOCA POINTE CONDOMINIUM ASSOCIATION NO. 2, INC.

Principal Place of Business Malling Address						$\overline{}$					
Principal Place of Business  7137 A PROMENADE DR.  BOCA RATON FL 33433  Mailing Address  7137 A PROMENADE DR.  BOCA RATON FL 33433									** **** ***		
								Date Incorporated or Qualified     11/13/1984		3a. Date of Last Report 04/18/1995	
	Principal Place of E	Business	2a.	Mailing Address				I. FEI Number	•		Applied For
21			26					59-2457673		['	Not Applicable
22	Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired		•	Additional Required
23	Dity & State		28	City & State			(	Election Campaign Financing     Trust Fund Contribution			May Be d to Fees
24	ip	Country 25	29	Zip	30 Co	untry			Yes [	] No	199.032,
	9. N	ame and Address of Curren	l Regis	tered Agent		81 Name	10	<ol><li>Name and Address of New Re</li></ol>	egistered	Agent	
	STONE, JAN 7170 PROMEN BOCA RATON					82 Street . 83 84 City	Address (I	P.O. Box Number is Not Acceptabl	FL	<b>85</b> Zip	p Code
	or registered ager familiar with, apo NATURE	nt, or both, in the State of Floric accept the obligations of, Secti	da. Such ion 617.	i change was authori 0503, Florida Statute > \	ized by the es. レー <b>介</b> r	corporation's ~هال دفر)~	board of	submits this statement for the purp directors. I hereby accept the appo	pose of clintment a	s registered	egistered offic Lagent. Lam
12.	Stgray.ire,	typed or printed name of registered agent OFFICERS ANI			NOTE: Registere	d Agent signature r	equired when	reinstatingt ADD/TIONS/CHANGES TO OFFI	DATE		MEDIC MALL LO
TITLE	VPC		DINEC	DELETE	1.13		τ	ADD HONS CHANGES TO OFFI	Ot 112 144	Change	Addition
NAME	VI L	, PHER, ERIC				vame				[_] Onlingo	
		4 PROMENADE DR				STREET ADDRESS					
		CA RATON FL				CITY - ST - ZIP					
TITLE		PO		DELETE		2.1 TITLE				Change	Addition
NAME	ן ו	ONE, JAN		<b></b>		NAME				onlinge	
		O PROMENADE DR				STREET ADDRESS					
		CA RATON FL				CHY-ST-ZIP					
TITLE		2/1 JV)/VII.1E		DELETE	3.1 1					Change	Addition
NAME	<del>-</del>	NHARD, HAROLD			321	NAME				-	_
STREE		6 PROMENDADE DRIVE			335	STREET ADDRESS					
CITY		CA RATON FL			34	CITY-S1-ZIP					
TITLE				DELETE	4.1 1					Change	Addition
NAM	GAI	LUB, PHILLIP			4 2	NAME	į				
STRE		8 PROMENADE DRIVE			435	STREET ADDRESS					
		CA RATON FL			440	DITY-ST-ZiP	<u> </u>				
TITLE	0			<b>X</b> DÉLETE	511	TITLE	[ D ]	1 11 1		Change	Addition
NAM		.K, PHIL			521	NAME	1	rok Marches promepade	O		
STRE		8 PROMENDADE DRIVE			535	STREET ADDRESS	7/7	from epade	<i>V</i> -		
		CA RATON FL			540	CITY-ST-ZIP	<u> </u>	SU(on foutry Ff			
TITLE				DELETE	611	TITLE		. , , , , , , , , , , , , , , , , , , ,		☐ Change	☐ Addition
NAM	•				621	NAME					
STRE	ET ADDRESS				635	STREET ADDRESS					
	-ST-ZIP					CHTY - \$1 - 71P	L				
14.	certify that the info oath; that I am ar	ormation indicated on this annu	ial repor ration or	t or supplemental an rithe receiver or trust	inual report tee empow	is true and ac	ccurate an	e exemption stated in Section 119.0 Id that my signature shall have the Fort as required by Chapter 617, Flo	same leoa	al effect as it	f made under

SIGNATURE:

SUNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/0/96 407-395-7732 Dayline Phone #