


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 # **N06140** (0)

1. Corporation Name

**PROMENADE AT BOCA POINTE CONDOMINIUM ASSOCIATION
NO. 2, 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
11/13/1984

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

STONE, JAN
7170 PROMENADE DRIVE
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name

Community Assoc. Services

82 Street Address (P.O. Box Number is 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

Jan Stone

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

(NOTE: Registered Agent signature required when reinstating)

2/3/97

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SOPHER, ERIC	
STREET ADDRESS	7194 PROMENADE DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STONE, JAN	
STREET ADDRESS	7170 PROMENADE DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	REINHARD, HAROLD	
STREET ADDRESS	7186 PROMENADE DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GALLUB, PHILLIP	
STREET ADDRESS	7178 PROMENADE DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MESCHES, JACK	
STREET ADDRESS	7178 PROMENADE DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gail Mayerson	
1.3 STREET ADDRESS	7186 Promenade Dr	
1.4 CITY-ST-ZIP	Boca Raton, FL 33433	
2.1 TITLE	S D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Pearl Decker	
2.3 STREET ADDRESS	7178 Promenade Dr	
2.4 CITY-ST-ZIP	Boca Raton, FL 33433	
3.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Esta Goldfine	
3.3 STREET ADDRESS	7202 Promenade Dr	
3.4 CITY-ST-ZIP	Boca Raton, FL 33433	
4.1 TITLE	T 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	VD	<input checked="" 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 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:

Jan Stone **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/97

561-395-7732

Daytime Phone # 0042076

CR2E037 (9/96)