

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified	11/13/1984
4. FEI Number	59-2457673
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	
COMMUNITY ASSOC. SERVICES 7170 PROMENADE DRIVE BOCA RATON FL 33433	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	7137 Promenade Dr
84 City	85 Zip Code
	FL

10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	
84 City	85 Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D MAYERSON, GAIL
STREET ADDRESS	7188 PROMENADE DR
CITY-ST-ZIP	BOCA RATON FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	SD DECKER, PEARL
STREET ADDRESS	7178 PROMENADE DR.
CITY-ST-ZIP	BOCA RATON FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	PD GOLDFINE, ESTA
STREET ADDRESS	7202 PROMENADE DR.
CITY-ST-ZIP	BOCA RATON FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	TD GALLUB, PHILLIP
STREET ADDRESS	7178 PROMENADE DRIVE
CITY-ST-ZIP	BOCA RATON FL
TITLE	<input type="checkbox"/> DELETE
NAME	VD 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TD Aaron Left
1.3 STREET ADDRESS	7178 Promenade Dr
1.4 CITY-ST-ZIP	Boca Raton, FL 33433
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SD Audrey Klein
2.3 STREET ADDRESS	7178 Promenade Dr
2.4 CITY-ST-ZIP	Boca Raton, FL 33433
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PD Otto Decker
3.3 STREET ADDRESS	7178 Promenade Dr
3.4 CITY-ST-ZIP	Boca Raton, FL 33433
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TD Jack Banks
4.3 STREET ADDRESS	7202 Promenade Dr
4.4 CITY-ST-ZIP	Boca Raton, FL 33433
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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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]* 2-17-98 561-325-7732

CP2E037 (10/97)