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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N06140

1. Corporation Name

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

Principal Place of Business

7137 A PROMENADE DR.
 BOCA RATON FL 33433

Mailing Address

7137 A PROMENADE DR.
 BOCA RATON FL 33433



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

11/13/1984

4. FEI Number

59-2457673

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

**COMMUNITY ASSOC. SERVICES
 7137 PROMENADE DR
 BOCA RATON FL 33433**

10. Name and Address of New Registered Agent

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

TD
 NAME AARON JEFF
 STREET ADDRESS 7178 PROMENADE DR
 CITY-ST-ZIP BOCA RATON FL 33433

TITLE DELETE

SD
 NAME AUDREY KLEIN
 STREET ADDRESS 7178 PROMENADE DR.
 CITY-ST-ZIP BOCA RATON FL 33433

TITLE DELETE

PD
 NAME OTTO DECKER
 STREET ADDRESS 7178 PROMENADE DR
 CITY-ST-ZIP BOCA RATON FL 33433

TITLE DELETE

D
 NAME JACK BANKS
 STREET ADDRESS 7202 PROMENADE DR
 CITY-ST-ZIP BOCA RATON FL 33433

TITLE DELETE

VD
 NAME MESCHES, JACK
 STREET ADDRESS 7178 PROMENADE DRIVE
 CITY-ST-ZIP BOCA RATON FL

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME Aaron Jeff

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

SD
 2.2 NAME Renee Buder
 2.3 STREET ADDRESS 7170 Promenade Dr
 2.4 CITY-ST-ZIP Boca Raton, FL 33433

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/4/99

561-395-7722

CR2E037 (1/98)