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DIVISION OF CORPORATIONS
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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N06141 (8)
1. Corporation Name
**PROMENADE AT BOCA POINTE CONDOMINIUM ASSOCIATION
NO. 3, INC.**

Principal Place of Business Mailing Address
7137 A PROMENADE DR BOCA RATON FL 33433-6903
7137 A PROMENADE DR BOCA RATON FL 33433-6903

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/13/1984** 3a. Date of Last Report **04/08/1994**
4. FEI Number **59-2643019** Applied For Not Applicable
5. Certificate of Status Desired **\$6.75** 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. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent
**RATNER, WILLIAM
7225 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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when resigning.

12. OFFICERS AND DIRECTORS	
TITLE	TD
NAME	SHAPIRO, BENJAMIN
STREET ADDRESS	7225 PROMENADE DR
CITY - ST - ZIP	BOCA RATON FL
TITLE	P
NAME	RATNER, WILLIAM
STREET ADDRESS	7225 PROMENADE DRIVE
CITY - ST - ZIP	BOCA RATON FL
TITLE	SD
NAME	NOLAND, BERNICE
STREET ADDRESS	7217 PROMENADE DRIVE
CITY - ST - ZIP	BOCA RATON FL
TITLE	D
NAME	SOLTZ, HARRY
STREET ADDRESS	7217 PROMENADE DRIVE
CITY - ST - ZIP	BOCA RATON FL
TITLE	V
NAME	KITE, ELAINE
STREET ADDRESS	7209 PROMENADE DR
CITY - ST - ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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]* **T. KITE** 3/21/95 395-7078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #