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Feb 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N06141 (8)

1. Corporation Name
PROMENADE AT BOCA POINTE CONDOMINIUM ASSOCIATION NO. 3, INC.



Principal Place of Business 7137 A PROMENADE DR BOCA RATON FL 33433-6903	Mailing Address 7137 A PROMENADE DR BOCA RATON FL 33433-6909
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3. Date Incorporated or Qualified 11/13/1984	3a. Date of Last Report 03/18/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-2643019	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 **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 *Jim Hove* DATE **2/4/97**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD <input type="checkbox"/> DELETE
NAME	SHAPIRO, BENJAMIN
STREET ADDRESS	7225 PROMENADE DR
CITY-ST-ZIP	BOCA RATON FL
TITLE	P <input type="checkbox"/> DELETE
NAME	RATNER, WILLIAM
STREET ADDRESS	7225 PROMENADE DRIVE
CITY-ST-ZIP	BOCA RATON FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	NOLAND, BERNICE
STREET ADDRESS	7217 PROMENADE DRIVE
CITY-ST-ZIP	BOCA RATON FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SOLTZ, HARRY
STREET ADDRESS	7217 PROMENADE DRIVE
CITY-ST-ZIP	BOCA RATON FL
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	KITE, BERNARD
STREET ADDRESS	7209 PROMENADE DR
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 type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VP <input checked="" 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 checked="" type="checkbox"/> Addition
5.2 NAME	P Kronhaus, Larry
5.3 STREET ADDRESS	7217 Promenade Dr
5.4 CITY-ST-ZIP	Boca Raton, FL 33433
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: *Jim Hove* DATE **2/4/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)