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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N09082

1. Corporation Name

CORAL LAKE AT BOCA RATON HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

23123 STATE RD 7
 SUITE 350A
 BOCA RATON FL 33428
 US

P.O. BOX 970069
 SUITE 104
 BOCA RATON FL 33497-0069
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/06/1985

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
 65-0287140

Applied For
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PALOMBI, GARY
 RESIDENTIAL MANAGEMENT CONCEPTS
 23123 STATE ROAD 7 #350A
 BOCA RATON FL 33428

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CARRUS, BEN	
STREET ADDRESS	9524 BOCA RIVER CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BASHE, KAREN	
STREET ADDRESS	9526 BOCA RIVER CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BOHEM, DENISE	
STREET ADDRESS	9531 BOCA RIVER CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRANCINI, FRANK	
STREET ADDRESS	9529 BOCA RIVER CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	POTTS, JOHN	
STREET ADDRESS	9528 BOCA RIVER CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Fuchs, Louis	
1.3 STREET ADDRESS	9498 Boca River Cir.	
1.4 CITY-ST-ZIP	BOCA RATON FL 33434	
2.1 TITLE	V.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Turchiaelli, Daniel	
2.3 STREET ADDRESS	9416 Boca River Cir.	
2.4 CITY-ST-ZIP	BOCA RATON FL 33434	
3.1 TITLE	S.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JANE LASMAN	
3.3 STREET ADDRESS	9392 Boca River Circle	
3.4 CITY-ST-ZIP	BOCA RATON FL 33434	
4.1 TITLE	T.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Sonntag, LORRAINE	
4.3 STREET ADDRESS	9422 Boca River Cir	
4.4 CITY-ST-ZIP	BOCA RATON FL 33434	
5.1 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	De Stefano, Gloria	
5.3 STREET ADDRESS	9410 Boca River Cir	
5.4 CITY-ST-ZIP	BOCA RATON FL 33434	
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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Louis E. Fuchs 4-13-99 (561)477-9907*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0076964