

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N11711 (1)

1. Corporation Name
TRENDS AT BOCA RATON HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
**% BEACON PROPERTY MGMT., INC.
1 N. OCEAN BLVD., STE. 7
BOCA RATON FL 33432**

3. Date Incorporated or Qualified **10/16/1985** 3a. Date of Last Report **04/10/1995**

21	2. Principal Place of Business 23116 Old Inlet Bridge	26	2a. Mailing Address 500 E. Spanish River Blvd.	4.	FEI Number 59-2779799	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc. #18	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State Boca Raton, FL.	28	City & State Boca Raton, FL.	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip 33431	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 WILLIS, ERNEST W. MR. % BEACON PROPERTY MANAGEMENT, INC. 1 N. OCEAN BLVD., STE. 7 BOCA RATON FL 33432		10. Name and Address of New Registered Agent	
81	Name Ernest W. Willis	82	Street Address (P.O. Box Number is Not Acceptable) Beacon Property Mgmt.
83	City Boca Raton	84	City Boca Raton
85	Zip Code 33431	85	Zip Code 33431

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]* **Ernest W. Willis** DATE **3-27-96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, IRENE	1.2 NAME	
STREET ADDRESS	22988 OLD INLET BRDGE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, FRONA	2.2 NAME	
STREET ADDRESS	23091 SUNFIELD DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTALBANO, SUSAN	3.2 NAME	
STREET ADDRESS	8455 DYNASTY DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SURMAN, HELEN	4.2 NAME	
STREET ADDRESS	23030 FLORALWOOD LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASH, LAURIE	5.2 NAME	
STREET ADDRESS	8411 DYNASTY DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* **IRVINE FERNANDEZ** DATE **4/8/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)