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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

23116 OLD INLET BRIDGE
1 N. OCEAN BLVD., STE. 7
BOCA RATON FL 33432
US

500 E SPANISH RIVER BLVD.
#18
BOCA RATON FL 33431-4558
US

3. Date Incorporated or Qualified 10/16/1985
3a. Date of Last Report 04/17/1996

2. Principal Place of Business 2a. Mailing Address

21 *Pointe Management* 26 *Pointe Management*
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 *7540 U.S. Hwy 1 #104* 27 *7540 U.S. Hwy 1 #104*
City & State City & State

23 *Lantana, FL* 28 *Lantana, FL*
Zip Country Zip Country

24 *33462* 25 *Palm Beach* 29 *33462* 30 *Palm Beach*

4. FEI Number 59-2779799 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

ERNEST W WILLIS
BEACON PROPERTY MGMT
500 E SPANISH RIVER BLVD., #18
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name *Eric Estebanez*
82 Street Address (P.O. Box Number is Not Acceptable) *Pointe Management Group Inc.*
83 *7540 U.S. Hwy 1 Suite 104*
84 City *LANTANA* FL 85 Zip Code *33462*

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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 *Eric Estebanez* DATE *4-11-97*

12. OFFICERS AND DIRECTORS

TITLE	<i>FD</i>	<input type="checkbox"/> DELETE
NAME	<i>FERNANDEZ, IRENE</i>	
STREET ADDRESS	<i>22988 OLD INLET BRIDGE DR</i>	
CITY-ST-ZIP	<i>BOCA RATON FL</i>	
TITLE	<i>SD</i>	<input type="checkbox"/> DELETE
NAME	<i>ROSS, FRONA</i>	
STREET ADDRESS	<i>23091 SUNFIELD DRIVE</i>	
CITY-ST-ZIP	<i>BOCA RATON FL</i>	
TITLE	<i>VD</i>	<input type="checkbox"/> DELETE
NAME	<i>MONTALBANO, SUSAN</i>	
STREET ADDRESS	<i>8455 DYNASTY DR</i>	
CITY-ST-ZIP	<i>BOCA RATON FL</i>	
TITLE	<i>T</i>	<input type="checkbox"/> DELETE
NAME	<i>SURMAN, HELEN</i>	
STREET ADDRESS	<i>23030 FLORALWOOD LANE</i>	
CITY-ST-ZIP	<i>BOCA RATON FL</i>	
TITLE	<i>D</i>	<input checked="" type="checkbox"/> DELETE
NAME	<i>CASH, LAURIE</i>	
STREET ADDRESS	<i>8411 DYNASTY DRIVE</i>	
CITY-ST-ZIP	<i>BOCA RATON FL</i>	
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	<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 checked="" 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 checked="" type="checkbox"/> Addition
6.2 NAME	<i>Helen Weiss</i>
6.3 STREET ADDRESS	<i>8581 Teeberry Lane</i>
6.4 CITY-ST-ZIP	<i>Boca Raton, FL 33433</i>

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: *[Signature]* DATE: *4/10/97*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)