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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:16

DOCUMENT # N12016 (4)

1. Corporation Name
BOCA LANDINGS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2255 GLADES ROAD #324-A BOCA RATON FL 33431	2255 GLADES ROAD #324-A BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/12/1985
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-2652809 ☐ 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
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MORENCY, CLAUDETTE
2255 GLADES ROAD #324-A
BOCA RATON FL 33431

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 _____ (NOTE: Registered Agent signature required when mandated) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	XDX	11 TITLE	DP ☐ Change ☒ Addition
NAME	XWAGNER, STEVENX	12 NAME	SANTIAGO, Pete
STREET ADDRESS	X16660 SHALIMAR MANOR DRX	13 STREET ADDRESS	9497 Aegean Drive
CITY-ST-ZIP	XBOCA RATON FLXX	14 CITY-ST-ZIP	Boca Raton, FL.
TITLE	XDX	21 TITLE	DV ☐ Change ☒ Addition
NAME	XFALCINSKY, PAULXX	22 NAME	JASKY, Lisa
STREET ADDRESS	X9537 TAVERNIER TERRACEX	23 STREET ADDRESS	9537 Tavernier Drive
	XBOCA RATON FLXXX	24 CITY ST ZIP	Boca Raton, FL.
TITLE	XD	31 TITLE	DS ☐ Change ☒ Addition
NAME	XWEINER, MARKXXX	32 NAME	HERNEX, Barbara
STREET ADDRESS	X9541 AEGEAN DRXX	33 STREET ADDRESS	9507 Lake Serena Drive
CITY ST ZIP	XBOCA RATON FLXX	34 CITY ST ZIP	Boca Raton, FL.
TITLE	XXDSX	41 TITLE	DT ☐ Change ☒ Addition
NAME	XVIEGUSI, ROSALIE	42 NAME	MILLER, Robert
STREET ADDRESS	X9993 ROBINS NEST ROAD	43 STREET ADDRESS	18720 Cassandra Pointe Lane
CITY ST ZIP	XBOCA RATON FLX	44 CITY ST ZIP	Boca Raton, FL.
TITLE	D	51 TITLE	DV ☐ Change ☐ Addition
NAME	CHENEVERT, FRED	52 NAME	
STREET ADDRESS	9915 ROBINS NEST ROAD	53 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	54 CITY-ST ZIP	D
TITLE	XDX	61 TITLE	☐ Change ☐ Addition
NAME	XFISHER, NATHANIELX	62 NAME	KOSHETZ, Bernard
STREET ADDRESS	X16653 SHALIMAR MANOR DR	63 STREET ADDRESS	18891 LaCosta Lane
CITY ST ZIP	XBOCA RATON FLXXX	64 CITY-ST ZIP	Boca Raton, FL.

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)(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: Lisa M. JASKY, 1st V.P. (407)-241-9011
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0011848