

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 01 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 # N19838 (4)
 1. Corporation Name
BOCA GOLF AND TENNIS TOWNHOMES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business C/O CAMPBELL PROP. MGM'T AND REAL ESTATE 1215 E. HILLSBORO BLVD. DEERFIELD BEACH FL 33441	Mailing Address C/O CAMPBELL PROP. MGM'T AND REAL ESTATE 1215 E. HILLSBORO BLVD. DEERFIELD BEACH FL 33441
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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3. Data Incorporated or Qualified 03/25/1987	3a. Date of Last Report 02/03/1997
4. FEI Number 59-2795995	Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CAMPBELL PROP. MGM'T & REAL ESTATE INC.
1215 E. HILLSBORO BLVD.
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	COHEN, ELEANOR
STREET ADDRESS	17084 BOCA CLUB BLVD. #3
CITY-ST-ZIP	BOCA RATON FL 33487
TITLE	VP <input type="checkbox"/> DELETE
NAME	KIGAR, DOUGLAS
STREET ADDRESS	17052 BOCA CLUB BLVD. #6
CITY-ST-ZIP	BOCA RATON FL 33487
TITLE	S <input type="checkbox"/> DELETE
NAME	COWIT, JACKIE
STREET ADDRESS	17058 BOCA CLUB BLVD. #6
CITY-ST-ZIP	BOCA RATON FL 33487
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	BLUESTEIN, BERNARD
STREET ADDRESS	17058 BOCA CLUB BLVD. #2
CITY-ST-ZIP	BOCA RATON FL 33487
TITLE	D <input type="checkbox"/> DELETE
NAME	LIPPMAN, ELAINE
STREET ADDRESS	17058 BOCA CLUB BLVD. #3
CITY-ST-ZIP	BOCA RATON FL 33487
TITLE	D <input type="checkbox"/> DELETE
NAME	SANTARONE, VERENO
STREET ADDRESS	17094 BOCA CLUB BLVD. #5
CITY-ST-ZIP	BOCA RATON FL 33487

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 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 checked="" type="checkbox"/> Addition
4.2 NAME	TD WALTER ALTANA
4.3 STREET ADDRESS	17052 BOCA CLUB BLVD #2
4.4 CITY-ST-ZIP	BOCA RATON FL 33487
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 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.

CR2E037 (4/97)

SIGNATURE _____