

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 APR 21 AM 9:39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N23337 (1)

1. Corporation Name

BOCA BAY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**9880 CAROUSEL CIRCLE SOUTH
BOCA RATON FL 33434**

**9880 CAROUSEL CIRCLE SOUTH
BOCA RATON FL 33434**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1987

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0021705

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 9645 Carousel Cir. So.

26 9645 Carousel Cir So.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Boca Raton FL

28 Boca Raton FL

Zip Country

24 FL 33434 25 USA

29 FL 33434 30 USA

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

9. Name and Address of Current Registered Agent

**STEINBERGER, BARRY
9852 CAROUSEL CIR NORTH
BOCA RATON FL 33434**

10. Name and Address of New Registered Agent

81 Name

Anthony BIFANO

82 Street Address (P.O. Box Number is Not Acceptable)

9645 Carousel Cir So.

83

84 City

Boca Raton

FL

85 Zip Code
33434

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

Anthony Bifano

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/17/95

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STEINBERGER
STREET ADDRESS	9852 CAROUSEL CIR NORTH
CITY-ST-ZIP	BOCA RATON FL
TITLE	VD
NAME	BIFANO, ANTHONY
STREET ADDRESS	9645 CAROUSEL CIR SOUTH
CITY-ST-ZIP	BOCA RATON FL
TITLE	TD
NAME	PADILLA, LOURDES
STREET ADDRESS	9880 CAROUSEL CT NORTH
CITY-ST-ZIP	BOCA RATON FL
TITLE	SD
NAME	LAPSHAN, JOHN
STREET ADDRESS	9816 SOUTH LAKE DR
CITY-ST-ZIP	BOCA RATON FL
TITLE	
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	delete
1.4 CITY-ST-ZIP	
2.1 TITLE	PD <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	delete
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Ronald Gross
5.3 STREET ADDRESS	9584 East Lake Drive
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 917, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Anthony Bifano

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

4/17/95

DATE

Daytime Phone #