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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23337

(1)

BOCA BAY HOMEOWNERS ASSOCIATION, INC.

Principal Place	e of Busines	3	М	Mailing Address						E (B)\$51101 Q10 31000 11100 (1100 1113) (1 4 14 11 11 11 11 1	
9645 CAROUSEL CIRC SOUTH BOCA RATON FL 33434 US				9645 CAROUSEL CIR SO BOCA RATON FL 33434-3924 US									
										Date Incorporated or Qualified 11/05/1987	3a. Da	te of Last F 05/01/19	1eport 1 96
2. Principal Pi 21	ace of Busin	oess	2a. 26	2a. Mailing Address 26				4.	FEI Number 65-0021705		<u> </u>	pplied For lot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5.	Certificate of Status Desired		y	Additional lequired	
City & State				City & State				6.	Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip Country			28				Country			This corporation has liability for		,	
24	25			29 30						Florida Statutes	Yes [] No	
	itered Agent		81 Name			10.	Name and Address of New Re	gistered /	igent				
DICAMO	ANTHONY					82							
BIFANO, ANTHONY 9645 CAROUSEL CIRCLE SOUTH							1 5	Street A	Address (P.O. Box Number is Not Acceptable)				
	ATON FL 3						T						
						64	1	City			 1	85 Zip	Code
11 Dureuant t	to the provice	ione of Sections 617 050	2 and 6	17 1508 Florida Stat	tutes th	he show		named o	ornoratio	on submits this statement for the p	FL Duroose of	chanoina	its registered
l office or ri	edistered ac	ent, or both, in the State	of Flori	da. Such change wa	is autho	orized b	v tr	ne corpo	oration's t	board of directors. I hereby acce	pt the app	ointment as	registered
"	m tarrillar wi	th, and accept the oblig	ations o	i, Section 617.0503,	riorida	SIGILITE	ð.						
SIGNATURE _	Signature typed	or printed name of registered ag	eni and title	if applicable. (N	OTE: Reg	istered Ag	ent a	signature m		ri reinstating)	DATE		
12. OFFICERS AND DIRECTORS						13.				ADDITIONS/CHANGES TO OFFI			
TITLE	VD			DELETE		1.1 TITLE			~	1 0 -		Change	Addition
NAME		RONALD -			•	1.2 NAME	_		De	verly. Gross			
STREET ADDRESS		ST LAKE DRIVE				1.3 STREE			7	71171			
CITY-ST-ZIP TITLE	PD PD	ATON FL		DELETE		1.4 CITY-1 2.1 TITLE	ST-			3474	<u> </u>	Change	Addition
NAME		ANTHONY		C) Steere		2.2 NAME						Control Oriented	
STREET ADDRESS		ROUSEL CIR SOUTH	1				2.3 STREET ADDRESS						
CITY-ST-ZIP		ATON FL	•			2. 4 CITY-			33	3434	i		
TITLE	-80			☐ DELETE		3.1 TITLE			D 24.	- ker		Change	☐ Addition
NAME	LAPSHA	n, John				3.2 NAME			• • •				
STREET ADDRESS	.9616 SC	OUTH LAKE DR				3.3 STREE	T AD	DRESS					
CITY-ST-ZIP	BOCA R	ATON FL				3.4, CITY-	<u>s(</u> -			3434			
TITLE				☐ DELETE		4.1 TITLE			ູ໐ຍ	S 61 41		Change	Addition
NAME						4. 2 NAME		C	}00∙¥	frey Shelton	- ,	_ (۸,
STREET ADDRESS						4.3 STREE		- F	4.5 X	is cavous elec	ricle	_ 3 0w	K
CITY-ST-ZIP TITLE				☐ DELETE		4.4 CITY-3	\$1-7		D1140	oce Reston F	<u> </u>	Change	Addition
NAME					ı	5.2 NAME			D11 42	^			Land / No Orlive
STREET ADDRESS						5.3 STREE		NORESS	Kon	we asthake T	1.		
CITY-ST-ZIP						5.4 CITY-:			700	rea Reston		494	
TITLE				DELETE		6.1 TITLE	~· ·	· ·	[van	saver Devider		☐ Change	☐ Addition
NAME						6.2 NAME			Pool	rocia Carat	صان		
STREET ADDRESS						6.3 STREE	T AD	ODRESS	420		e. Dr	rue.	
C(TY - ST - ZIP						6.4 CITY -				oca Ratan 1	PC 2	<u> </u>	
14. I do heret	by certify that	t the information supplied the transfer or	d with t	his filing does not qu	alify for	r the exi	emi	ption sta	ated in Se	ection 119.07(3)(i), Florida Statute ionature shall have the same leg	s. I further	certify that	t the nder cath: that
I am an ol appears i	flicer or dire n Block 12 c	ctor of the corporation of the Block 13 if changed, of	r the rec or on an	ceiver or trustee emp ettachment with an a	owered address	to exe	cut	e this re	port as r	ignature shall have the same leg equired by Chapter 617, Florida	Statutes; a	nd that my	name

SIGNATURE:

THE AND TYPED ON PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4/7/97

FILED

Apr 24 1997 8:00am

Secretary of State

Daytime Phone # 6045000