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May 08, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N23337

1. Corporation Name
BOCA BAY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 9645 CAROUSEL CIRC SOUTH BOCA RATON FL 33434 US	Mailing Address 9645 CAROUSEL CIR SO BOCA RATON FL 33434 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 P.O. Box B600 27 Boca Bay Homeowners' Association, Inc. 28 P.O. Box B600 Boca Raton, Florida 33429-B600 29 <u>Doca Katon FL</u> 30 <u>USA</u>	3. Date Incorporated or Qualified 11/05/1987	4. FEI Number 65-0021705	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	

9. Name and Address of Current Registered Agent BIFANO, ANTHONY 9645 CAROUSEL CIRCLE SOUTH BOCA RATON FL 33434	10. Name and Address of New Registered Agent 81 Name <u>Edward P. Hartman</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>502 NE 48th Street</u> 83 84 City <u>Boca Raton FL 33431</u> 85 Zip Code <u>33431-5124</u>
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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 Edward P. Hartman Property Manager DATE 4-28-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<u>Director</u>	
NAME <u>VD</u> GROSS, BEVERLY	1.2 NAME		
STREET ADDRESS <u>9584 EAST LAKE DRIVE</u>	1.3 STREET ADDRESS		
CITY-ST-ZIP <u>BOCA RATON FL</u>	1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<u>Director Treasurer</u>	
NAME <u>PD</u> BIFANO, ANTHONY	2.2 NAME <u>TD</u>		
STREET ADDRESS <u>9645 CAROUSEL CIR SOUTH</u>	2.3 STREET ADDRESS		
CITY-ST-ZIP <u>BOCA RATON FL</u>	2.4 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <u>SD</u> BARBERNITZ, THOMAS	3.2 NAME		
STREET ADDRESS <u>9652 CAROUSEL CIR N</u>	3.3 STREET ADDRESS		
CITY-ST-ZIP <u>BOCA RATON FL 33434</u>	3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <u>D</u> GROSS, RONALD	4.2 NAME		
STREET ADDRESS <u>9584 EAST LAKE DR</u>	4.3 STREET ADDRESS		
CITY-ST-ZIP <u>BOCA RATON FL</u>	4.4 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	<u>Catherine Crown SD</u>	
NAME <u>TD</u> BARBERNITZ, ALICE	5.2 NAME	<u>9586 Carousell Circle North</u>	
STREET ADDRESS <u>9652 CAROUSEL CIR N</u>	5.3 STREET ADDRESS	<u>Boca Raton, FL 33434</u>	
CITY-ST-ZIP <u>BOCA RATON FL 33434</u>	5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<u>Crown, Shawn PD</u>	
NAME <u>Crown, Shawn</u>	6.2 NAME	<u>9586 Carousell Circle North</u>	
STREET ADDRESS	6.3 STREET ADDRESS	<u>Boca Raton, FL 33434</u>	
CITY-ST-ZIP	6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED 4/28/99
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)