FILE NOW: FILING FEE IS $61.25

FILED
Apr 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N24440 (2)

1. Corporation Name

MONTEGO BAY AT BOCA POINTE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3600 SOUTH CONGRESS AVENUE SUITE C BOYNTON BEACH FL 33426	3600 SOUTH CONGRESS AVENUE SUITE C BOYNTON BEACH FL 33426-8488

3. Date Incorporated or Qualified: 01/21/1988
3a. Date of Last Report: 06/06/1996

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

4. FEI Number: 65-0026949 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ST. JOHN, KING & DICKER
500 AUSTRALIAN AVENUE SOUTH
SUITE 600
WEST PALM BEACH FL 33401

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 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 _____ DATE
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	P	☐ DELETE	1.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME	SAYLES, MARCIA		1.2 NAME	CHASHIN, BRUCE	
STREET ADDRESS	2760 MANDELVILLE PLACE		1.3 STREET ADDRESS	6691 D MONTEGO BAY BLVD	
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CITY-ST-ZIP	BOCA RATON, FL. 33433	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FREEDMAN, CRAIG		2.2 NAME		
STREET ADDRESS	6712 D. MONTEGO BAY BOULEVARD		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		2.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, ROZ		3.2 NAME		
STREET ADDRESS	6691 G MONTEGO BAY BOULEVARD		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	REICH, EVELYN		4.2 NAME		
STREET ADDRESS	6650 D MONTEGO BAY BOULEVARD		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		4.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KALINSKY, EDWARD		5.2 NAME		
STREET ADDRESS	6712 C MONTEGO BAY BOULEVARD		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		5.4 CITY-ST-ZIP		
TITLE	~~CHASHIN, BRUCE~~	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS	6691 D ~~MONTEGO BAY BLVD.~~		6.3 STREET ADDRESS		
CITY-ST-ZIP	~~BOCA RATON, FL. 33433~~		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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.

SIGNATURE: Marcia Sayles MARCIA SAYLES 3/7/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0041738