

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

55 MAY -1 PM 9: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N28673 (4)

1. Corporation Name

**IMPRESSIONS AT BOCA CHASE HOMEOWNERS ASSOCIATION
98, INC.**

Principal Place of Business

Mailing Address

**WALLSTATE PROPERTY MANAGEMENT & REALTY
21000 BOCA RIO RD. A-9
BOCA RATON FL 33433**

**WALLSTATE PROPERTY MANAGEMENT & REALTY
21000 BOCA RIO RD. A-9
BOCA RATON FL 33433**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1988

3a. Date of Last Report

04/28/1994

4. FEI Number

65-0152323

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**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BEN BERGER
WALLSTATE PROPERTY MANAGEMENT & REALTY INC
21000 BOCA RIO RD. A-9
BOCA RATON FL 33433**

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 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

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

NOTE: Registered Agent signature required when restate/ing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **ROSS, NANCY**
STREET ADDRESS **11109 LAKEARE CIR.**
CITY-ST-ZIP **BOCA RATON FL 33498**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DV**
NAME **YOUNG, SHERYL**
STREET ADDRESS **11419 CORAL BAY DR.**
CITY-ST-ZIP **BOCA RATON FL 33498**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **DS**
NAME **FREUD, LEE**
STREET ADDRESS **11200 JASMINE HILL CIR.**
CITY-ST-ZIP **BOCA RATON FL 33498**

3.1 TITLE Change Addition
3.2 NAME **PROVENZANO, BLAINE**
3.3 STREET ADDRESS **21270 SAWMILL COURT**
3.4 CITY-ST-ZIP **BOCA RATON, FL 33498**

TITLE **T**
NAME **LENNER, ROBERT**
STREET ADDRESS **21440 MILLBROOK CT.**
CITY-ST-ZIP **BOCA RATON FL 33498**

4.1 TITLE Change Addition
4.2 NAME **CHEROF, JEAN**
4.3 STREET ADDRESS **21370 SAWMILL COURT**
4.4 CITY-ST-ZIP **BOCA RATON, FL 33498**

TITLE **D**
NAME **GOLDSTEIN, MARTY**
STREET ADDRESS **11107 JASMINE HILL CIR.**
CITY-ST-ZIP **BOCA RATON FL 33498**

5.1 TITLE Change Addition
5.2 NAME **LASCHEVER, NORMAN**
5.3 STREET ADDRESS **21310 MILLBROOK COURT**
5.4 CITY-ST-ZIP **BOCA RATON, FL 33498**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Nancy E. Ross **Nancy E. ROSS** 4/21/95 407-488-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE # 3711