

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N29337 (5)

1. Corporation Name

BOCA PINES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business	Mailing Address
DEVELOPMENT CONSULTANTS, INC. 2901 SIMMS STREET HOLLYWOOD FL 33020 US	DEVELOPMENT CONSULTANTS, INC. 2901 SIMMS STREET HOLLYWOOD FL 33020 US

3. Date Incorporated or Qualified 11/17/1988	3a. Date of Last Report 08/08/1995
--	--

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0085445	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
21	26			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	28		
Zip	Country	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
24	25			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MEYROWITZ, ANDREW
2901 SIMMS STREET
HOLLYWOOD FL 33020**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1504, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature] **2/21/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, STEVE	1.2 NAME	MOORE, STEVE
STREET ADDRESS	9670 VIA EMILIE	1.3 STREET ADDRESS	9670 VIA EMILIE
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	BOCA RATON, FL.
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNN, JOHN	2.2 NAME	
STREET ADDRESS	9640 VIA EMILIE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONSTANTINO, RICHARD	3.2 NAME	
STREET ADDRESS	9620 VIA EMILIE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	EX.VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIGIORNO, COLLEEN	4.2 NAME	DIGIORNO, COLLEEN
STREET ADDRESS	9688 VIA EMILIE	4.3 STREET ADDRESS	9688 VIA EMILIE
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	BOCA RATON, FL.
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLCHANSKY, CURTIS	5.2 NAME	OLCHANSKY, CURTIS
STREET ADDRESS	9700 VIA EMILIE	5.3 STREET ADDRESS	9700 VIA EMILIE
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	BOCA RATON, FL.
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	ROSSIE, YOLA (AGGIE)
STREET ADDRESS		6.3 STREET ADDRESS	9742 VIA EMILIE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	BOCA RATON, FL.

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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **2/16/96** **407-477-8808**

Date

Daytime Phone #

CR2E037 (12/95)