

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

3. Date Incorporated or Qualified **11/17/1988** 3a. Date of Last Report **08/08/1995**
4. FEI Number **65-0085445** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
MEYROWITZ, ANDREW
2901 SIMMS STREET
HOLLYWOOD FL 33020

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MOORE, STEVE	
STREET ADDRESS	9670 VIA EMILIE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LYNN, JOHN	
STREET ADDRESS	9640 VIA EMILIE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CONSTANTINO, RICHARD	
STREET ADDRESS	9620 VIA EMILIE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DIGIORNO, COLLEEN	
STREET ADDRESS	9688 VIA EMILIE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OLCHANSKY, CURTIS	
STREET ADDRESS	9700 VIA EMILIE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MOORE, STEVE	
1.3 STREET ADDRESS	9670 VIA EMILIE	
1.4 CITY-ST-ZIP	BOCA RATON, FL	
2.1 TITLE	000001910080	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	-08/01/96--01009--010	
2.3 STREET ADDRESS	***\$1.25	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	EX.VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DIGIORNO, COLLEEN	
4.3 STREET ADDRESS	9688 VIA EMILIE	
4.4 CITY-ST-ZIP	BOCA RATON, FL.	
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	OLCHANSKY, CURTIS	
5.3 STREET ADDRESS	9700 VIA EMILIE	
5.4 CITY-ST-ZIP	BOCA RATON, FL.	
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SD ROSSIE, YOLA (AGGIE)	
6.3 STREET ADDRESS	9742 VIA EMILIE	
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: *Richard Constantino* Date: *July 8, 1996*
DAYTIME PHONE # _____

CR2E037 (12/95)