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Jan 23 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 # 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 33020-1510  
US

3. Date Incorporated or Qualified  
11/17/1988

3a. Date of Last Report  
02/26/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0085445

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, STEVE	
STREET ADDRESS	9670 VIA EMILIE	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ROSSIE, YOLA (AGGIE)	
STREET ADDRESS	9742 VIA EMILIE	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CONSTANTINO, RICHARD	
STREET ADDRESS	9620 VIA EMILIE	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	EVD	<input checked="" type="checkbox"/> DELETE
NAME	DIGIORNO, COLLEEN	
STREET ADDRESS	9688 VIA EMILIE	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	VD	<input checked="" 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		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RICHARD CONSTANTINO	
1.3 STREET ADDRESS	9620 VIA EMILIE	
1.4 CITY - ST - ZIP	BOCA RATON, FL 33428	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOAN PRINCE	
2.3 STREET ADDRESS	9652 VIA EMILIE	
2.4 CITY - ST - ZIP	BOCA RATON, FL 33428	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CHRIS BARTON	
3.3 STREET ADDRESS	9711 VIA EMILIE	
3.4 CITY - ST - ZIP	BOCA RATON FL 33428	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TEOFILO CHAPA	
4.3 STREET ADDRESS	9718 VIA EMILIE	
4.4 CITY - ST - ZIP	BOCA RATON FL 33428	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ADA SCARCELLA	
5.3 STREET ADDRESS	9627 VIA EMILIE	
5.4 CITY - ST - ZIP	BOCA RATON, FL 33428	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

*Richard Constantino*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 10, 1997  
DATE

Daytime Phone # 0021241

CR2E037 (9/96)