

**CORPORATION  
ANNUAL REPORT  
1995**

James B. Worthington  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

1995 JUL 11 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N38622 (9)**

1. Corporation Name  
**BOCA QUAY HOMEOWNERS' ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**% JAMES R. STEPHENS  
2701 N.E. 14TH ST.  
POMPANO BEACH FL 33062**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**06/15/1990      04/06/1994**

4. FEI Number      Applied For  
**65-0331643      Not Applicable**

2. Principal Place of Business      2a. Mailing Address

6. Certificate of Status Desired       **\$8.75 Additional Fee Required**

21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**

22 City & State      27 City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status       **FILING FEE IS \$61.25**

24 Zip      25 Country      29 Zip      30 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  
**STEPHENS, JAMES R.  
2701 N.E. 14TH ST.  
POMPANO BEACH FL**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number Is Not Acceptable)  
83  
84 City      85 Zip Code **FL**

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	
TITLE	<b>PD</b>
NAME	<b>STEPHENS, JAMES R.</b>
STREET ADDRESS	<b>% 2701 NE 14TH ST.</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>
TITLE	<b>VD</b>
NAME	<b>CLIPPINGER, JERRY</b>
STREET ADDRESS	<b>% 2701 NE 14TH ST.</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>
TITLE	<del><b>D</b></del>
NAME	<del><b>DENMARK, RENE L.</b></del>
STREET ADDRESS	<del><b>2701 N.E. 14TH STREET</b></del>
CITY-ST-ZIP	<del><b>POMPANO BEACH FL 33062</b></del>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>omit from filing</b>
3.3 STREET ADDRESS	<b>no longer an employee/director</b>
3.4 CITY-ST-ZIP	<b>remove all lines or la. 12.</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>KIM LOSS</b>
4.3 STREET ADDRESS	<b>2701 NE 14TH STREET</b>
4.4 CITY-ST-ZIP	<b>POMPANO BEACH, FL</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 attached form with my address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/95)