

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



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

**FILED**  
**Apr 10, 1998 8:00 am**  
**Secretary of State**

**DOCUMENT # N38622 (9)**

1. Corporation Name

**BOCA QUAY HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**% JAMES R. STEPHENS**  
**2701 N.E. 14TH ST.**  
**POMPANO BEACH FL 33062**

**% JAMES R. STEPHENS**  
**2701 N.E. 14TH ST.**  
**POMPANO BEACH FL 33062**

3. Date Incorporated or Qualified

**06/15/1990**

4. FEI Number

**65-0331643**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEPHENS, JAMES F.**  
**2701 N.E. 14TH ST.**  
**POMPANO BEACH FL**

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  DELETE  
 NAME **PD**  
 STREET ADDRESS **STEPHEN, JAMES R.**  
**% 2701 NE 14TH ST.**  
 CITY-ST-ZIP **POMPANO BEACH FL**

1.1 TITLE  Change  Addition  
 1.2 NAME **T**  
**Peggy S. Lie**  
 1.3 STREET ADDRESS **2701 NE 14th St**  
**Pompano Beach, FL**  
 1.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **T**  
 STREET ADDRESS **LOSS, RICHARD**  
**2701 NE 14TH ST**  
 CITY-ST-ZIP **POMPANO BEACH FL**

2.1 TITLE  Change  Addition  
 2.2 NAME **T**  
**Allen Green**  
 2.3 STREET ADDRESS **2701-NE-14th-St**  
**Pompano Beach**  
 2.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 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 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:**

*[Handwritten Signature]*

3/18.98 954-782-4788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0021834

CRE037 (10/97)