

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 22 AM 11:09

DOCUMENT # **N42566** (2)

1. Corporation Name

**BALBOA POINT ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**951 BROKEN SOUND PKWY  
SUITE 250  
BOCA RATON FL 33487**

3. Date Incorporated or Qualified **03/14/1991** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **65-0320980** 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 29 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
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

**BISHOP, MARTIN  
951 BROKEN SOUND PARKWAY  
SUITE 250  
BOCA RATON FL 33487**

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

11. Pursuant to the provisions of Sections 607.0505 and 607.9508, 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 607.0505, Florida Statutes.

SIGNATURE *Raymond Carbone* **1.18.95**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD**  
NAME **ZEIGER, ROBERT H**  
STREET ADDRESS **17299 VENTANA DRIVE**  
CITY-ST-ZIP **BOCA RATON FL**  
TITLE **TD**  
NAME **RUDICH, FLORENCE**  
STREET ADDRESS **17332 BALBOA PT. WAY**  
CITY-ST-ZIP **BOCA RATON FL 33487**  
TITLE **PD**  
NAME **BERNS, RICHARD**  
STREET ADDRESS **17205 BALBOA POINT WAY**  
CITY-ST-ZIP **BOCA RATON FL**  
TITLE **SD**  
NAME **GREENFIELD, ROBERT N**  
STREET ADDRESS **17212 BALBOA POINT WAY**  
CITY-ST-ZIP **BOCA RATON FL**  
TITLE **GRAF**

1.1 TITLE **PD**  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME **Delete**  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE **VD**  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME **Goldstein Irving**  
5.3 STREET ADDRESS **17291 Ventana Dr**  
5.4 CITY-ST-ZIP **Boca Raton**  
6.1 TITLE  Change  Addition  
6.2 NAME **Graf Renolope**  
6.3 STREET ADDRESS **17315 Ventana Dr.**  
6.4 CITY-ST-ZIP **Boca Raton**

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)(a), 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 mine were written. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if a change, or on an attachment with an address.

SIGNATURE: *[Signature]* **Feb 13, 95** **997-9043**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Mandatory Field #)