


FILE NOW: FILING FEE IS \$61.25

APPROVED AND FILED

97 JUL -1 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortimer Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44543
 1. Corporation Name
LAKES AT BOCA RATON COMMERCIAL PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5858 Central Avenue St. Petersburg, FL 33707	

2. Principal Place of Business	2a. Mailing Address
21 5858 Central Avenue Suite, Apt. #, etc.	26 5858 Central Avenue Suite, Apt. #, etc.
22 City & State St. Petersburg, FL	27 City & State St. Petersburg, FL
24 Zip 33707	29 Zip 33707

3. Date Incorporated or Qualified 07/29/91	3a. Date of Last Report 08/22/96
4. FEI Number 59-2620744	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
 Endelson, Kenneth M.
 Ste. 110
 Boca Raton, FL 33487

10. Name and Address of New Registered Agent
 81 NAME
 Craig H. Sher
 82 Street Address (P.O. Box Number is Not Acceptable)
 5858 Central Avenue
 83
 84 City: St. Petersburg FL 85 Zip Code
 33707

11. Pursuant to the provision of Sections 617.052 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: *Craig H. Sher* DATE: _____
(Signature, typed or printed name of registered agent and FEI # applicable) (NOTE: Registered Agent signature required when renouncing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Endelson, Kenneth M. 1000 Clint Moore Rd., 110 Boca Raton, FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P Craig H. Sher 5858 Central Avenue St. Petersburg, FL 33707 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Finkelstein, Richard 1000 Clint Moore Rd. 110 Boca Raton, FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP Gregory S. Sembler 5858 Central Avenue St. Petersburg, FL 33707 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Matthews-Gray, Judy 1000 Clint Moore Rd. #110 Boca Raton, FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	ST Brent W. Sembler 5858 Central Avenue St. Petersburg, FL 33707 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	500002230015 -07/03/97-01075-002 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	500002230015 -07/03/97-01075-003 *****8.75 *****8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	7/1/97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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: *Craig H. Sher* DATE: _____
(Signature and typed or printed name of signing officer or director)

082637 (9/96)

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