

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N49610 (1)
1. Corporation Name
ST. TROPEZ AT BOCA GOLF PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 500 NE SPANISH RIVER BLVD SUITE 18 BOCA RATON FL 33431	Mailing Address 500 NE SPANISH RIVER BLVD SUITE 18 BOCA RATON FL 33431
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3. Date Incorporated or Qualified
06/29/1992

4. FEI Number 65-0355953	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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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

**WILLIS, ERNEST W
500 NE SPANISH RIVER BLVD
SUITE 18
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS DELETE

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ZAGER, ELLEN	
STREET ADDRESS	17329-5 BOCA CLUB BLVD	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LANDAU, HAROLD	
STREET ADDRESS	17223-8 BOCA CLUB BLVD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ASH, BARBARA	
STREET ADDRESS	17269-3 BOCA CLUB BLVD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GLASER, ROBERT	
STREET ADDRESS	17281-2 BOCA CLUB BLVD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MANNON, LOUIS	
STREET ADDRESS	17239-3 BOCA CLUB BLVD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WERFEL, LEONARD	
STREET ADDRESS	17257-4 BOCA CLUB BLVD	
CITY-ST-ZIP	BOCA RATON FL	

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	Barbara Asher	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" 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 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: Ellen Zager **QUINED** 4/13/98 561-750-0040

CR2E037 (10/97)