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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N92000000431 (8)**  
1. Corporation Name  
**CORAL ISLE AT BOCA CHASE MASTER HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business <b>C/O SPECIALTY MANAGEMENT CO 220 CONGRESS PARK DR. #200 DELRAY BCH. FL 33445 US</b>	Mailing Address <b>C/O SPECIALTY MANAGEMENT CO. 220 CONGRESS PARK DR. #200 DELRAY BCH. FL 33445 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/20/1992</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>65-0448347</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$0.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent  
**WATSKY, MORRIS J  
700 N.W. 107 AVE.  
MIAMI FL 33172**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE <b>DPT</b>	NAME <b>MCDONALD, TAMMY</b>
STREET ADDRESS <b>1903 S. CONGRESS AVE</b>	CITY - ST - ZIP <b>BOYNTON BEACH FL 33426</b>
TITLE <b>DV</b>	NAME <b>BROWN, JEFFREY</b>
STREET ADDRESS <b>1903 S. CONGRESS AVE</b>	CITY - ST - ZIP <b>BOYNTON BEACH FL 33426</b>
TITLE <b>DS</b>	NAME <b>DREWS, ROBERT</b>
STREET ADDRESS <b>1903 S. CONGRESS AVE</b>	CITY - ST - ZIP <b>BOYNTON BEACH FL 33426</b>
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 <b>DPT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>MCDONALD, TAMMY</b>	
1.3 STREET ADDRESS <b>12230 FOREST HILL BLVD.</b>	
1.4 CITY - ST - ZIP <b>WEST PALM BEACH, FL.</b>	
2.1 TITLE <b>DV</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>BROWN, JEFFREY</b>	
2.3 STREET ADDRESS <b>12230 FOREST HILL BLVD.</b>	
2.4 CITY - ST - ZIP <b>WEST PALM BEACH, FL.</b>	
3.1 TITLE <b>DS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>DREWS, ROBERT</b>	
3.3 STREET ADDRESS <b>15055 ASHLAND BLVD.</b>	
3.4 CITY - ST - ZIP <b>DELRAY BEACH, FL.</b>	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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	

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**\*\*\*\*130.00 \*\*\*\*130.00**

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 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_  
SIGNATURE AND TITLE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR