

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N92000000431 (8)

1. Corporation Name

CORAL ISLE AT BOCA CHASE MASTER HOMEOWNERS ASSOCIATION, INC.



400001797284  
-04/29/96--01015--038

\*\*\*\$61.25

3. Date Incorporated or Qualified 11/20/1992  
3a. Date of Last Report 05/01/1995

Principal Place of Business: C/O SPECIALTY MANAGEMENT CO, 220 CONGRESS PARK DR., #100-130, DELRAY BCH. FL 33445, US  
Mailing Address: C/O SPECIALTY MANAGEMENT CO, 220 CONGRESS PARK DR., #100-130, DELRAY BCH. FL 33445, US

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number 65-0448347  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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: SPECIALTY MANAGEMENT COMPANY, 220 CONGRESS PARK DRIVE, SUITE 130, DELRAY BEACH, FL 33445

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: *Ronald J. Zelen, President* DATE: 4/22/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DPT NAME: MCDONALD, TAMMY STREET ADDRESS: 12230 FOREST HILL BLVD. CITY-ST-ZIP: WEST PALM BEACH FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD 1.2 NAME: BURATT, IRA 1.3 STREET ADDRESS: 11265 CORAL REEF DRIVE 1.4 CITY-ST-ZIP: BOCA RATON FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DV NAME: BROWN, JEFFREY STREET ADDRESS: 12230 FORREST HILL BLVD. CITY-ST-ZIP: WEST PALM BEACH FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: VD 2.2 NAME: GELERTER, ABBOT 2.3 STREET ADDRESS: 18270 CORAL CHASE DRIVE 2.4 CITY-ST-ZIP: BOCA RATON, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DS NAME: DREWS, ROBERT STREET ADDRESS: 15055 ASHLAND BLVD. CITY-ST-ZIP: DELRAY BEACH FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: SD 3.2 NAME: LEVINE, BERTON 3.3 STREET ADDRESS: 18343 CORAL SANDS WAY 3.4 CITY-ST-ZIP: BOCA RATON, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> DELETE	4.1 TITLE: D 4.2 NAME: DILIBERTO, CARL 4.3 STREET ADDRESS: 18231 CORAL ISLES DRIVE 4.4 CITY-ST-ZIP: BOCA RATON, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> DELETE	5.1 TITLE: D 5.2 NAME: BRAUNSTEIN, BOB 5.3 STREET ADDRESS: 11229 CORAL REEF DRIVE 5.4 CITY-ST-ZIP: BOCA RATON, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> DELETE	6.1 TITLE: [Blank] 6.2 NAME: [Blank] 6.3 STREET ADDRESS: [Blank] 6.4 CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *[Signature]* DATE: 4/12/96 DAYTIME PHONE #: 407 274-7101

CR2E037 (12/95)