

# 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 # **N93000000922 (5)**

1. Corporation Name

**EXCELLENTE VILLAGE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

2328 S. CONGRESS AVE  
SUITE 2A  
WEST PALM BEACH FL 33406  
US

Mailing Address

2328 S. CONGRESS AVE  
SUITE 2A  
WEST PALM BEACH FL 33406  
US



3. Date Incorporated or Qualified

**02/24/1993**

3a. Date of Last Report

**04/28/1995**

4. FEI Number

**65-0384326**

Applied For

Not Applicable

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

21. Principal Place of Business  
**6300 PARK OF COMMERCE BLVD**

26. Mailing Address  
**6300 PARK OF COMMERCE BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

**BOCA RATON FL**

City & State

**BOCA RATON FL**

23. Zip

**33487**

Country

**PALESTINE**

Zip

**33487**

Country

**PALESTINE**

9. Name and Address of Current Registered Agent

MINTO BUILDERS (FLORIDA), INC.  
ATTN: MR. MICHAEL GREENBERG  
4400 WEST SAMPLE RD., SUITE 200  
COCONUT CREEK FL 33073-3450

10. Name and Address of New Registered Agent

81. Name **St. John, King & Dicker**  
82. Street Address (P.O. Box Number is Not Acceptable)  
**500 Australian Avenue South**  
83. **Suite 600**  
84. City **West Palm Beach** FL 85. Zip Code **33401**

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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when re-stating

DATE

**4-25-96**

OFFICERS AND DIRECTORS

12. TITLE ☐ DELETE  
NAME **PD BOKISH, GAIL**  
STREET ADDRESS **5107 E EUROPA DR**  
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE ☐ DELETE  
NAME **VD ALBERT, HAROLD**  
STREET ADDRESS **5155 G EUROPA DR**  
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE ☒ DELETE  
NAME **VD GARDNER, LOU**  
STREET ADDRESS **5115 C EUROPA DR**  
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE ☐ DELETE  
NAME **SD ALLEN, MALVIN**  
STREET ADDRESS **5099 O SPLENDIDO CT**  
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE ☐ DELETE  
NAME **TD KAPLAN, MORTON**  
STREET ADDRESS **5091 D SPLENDIDO CT**  
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VP** ☐ Change ☒ Addition  
1.2 NAME **MICHAELSON, ALAN**  
1.3 STREET ADDRESS **5131 L EUROPA DR**  
1.4 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

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  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 on an attachment with an address.

SIGNATURE:

**Gail Bokish, Harold Bokish, P. McC**

**4/24/96 407/733 4323**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E037 (12/95)