


FILE NOW: FILING FEE IS \$61.25

**FILED**  
Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90085 047 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N93000000922</b>					
1. Corporation Name <b>EXCELLENTE VILLAGE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487 US			Mailing Address 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/24/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0384326	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		24	
25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ST JOHN, KING &amp; DICKER</b> <b>500 AUSTRALIAN AVENUE SOUTH</b> <b>SUITE 600</b> <b>WEST PALM BEACH FL 33401</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input checked="" type="checkbox"/> DELETE			
NAME	BOKISH, GAIL				
STREET ADDRESS	5107 E EUROPA DR				
CITY-ST-ZIP	BOYNTON BEACH FL				
TITLE	VD	<input checked="" type="checkbox"/> DELETE			
NAME	ALBERT, HAROLD				
STREET ADDRESS	5155 G EUROPA DR				
CITY-ST-ZIP	BOYNTON BEACH FL				
TITLE	VP	<input checked="" type="checkbox"/> DELETE			
NAME	GORMAN, STANLEY				
STREET ADDRESS	5107-B EUROPA DRIVE				
CITY-ST-ZIP	BOYNTON BEACH FL				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	CHALEK, JOEL				
STREET ADDRESS	5163 H EUROPA DR				
CITY-ST-ZIP	BOYNTON BEACH FL				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	WOLF, JEREMIAH				
STREET ADDRESS	5099 F SPLENDIDO CT				
CITY-ST-ZIP	BOYNTON BEACH FL 33437				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	ALLEN, MALVIN				
1.3 STREET ADDRESS	5099-D SPLENDIDO COURT				
1.4 CITY-ST-ZIP	BOYNTON BEACH, FL				
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	WOLF, JEREMIAH				
2.3 STREET ADDRESS	5099-F SPLENDIDO COURT				
2.4 CITY-ST-ZIP	BOYNTON BEACH, FL				
3.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.2 NAME	DONDEY, AL				
3.3 STREET ADDRESS	5131-K EUROPA DRIVE				
3.4 CITY-ST-ZIP	BOYNTON BEACH, FL				
4.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME	CHALEK, JOEL				
4.3 STREET ADDRESS	5163-H EUROPA DRIVE				
4.4 CITY-ST-ZIP	DELRAY BEACH, FL				
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
5.2 NAME	SOLOMON, CORINNE				
5.3 STREET ADDRESS	5155-D EUROPA DRIVE				
5.4 CITY-ST-ZIP	BOYNTON BEACH, FL				
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature of Malvin Allen*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-99 561 737 4691  
 Date Daytime Phone #

CR2E037 (11/98)