

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N94000000237 (7)

1. Corporation Name
BOCA ISLES SOUTH PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O C.R. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD. STE 201 LAKE WORTH FL 33463 US
C/O C.R.S MANAGEMENT ASSOCIATION, INC 3900 WOODLAKE BLVD.. STE 201 LAKE WORTH FL 33463 US

3. Date Incorporated or Qualified: 01/14/1994
3a. Date of Last Report: 04/27/1995
4. FEI Number: 65-0542783
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

2. Principal Place of Business
21. G.R.S.
22. Suite, Apt. #, etc.
23. City & State
24. Country
25. Country
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Country
29. Country
30. Country

9. Name and Address of Current Registered Agent
GILBERT, JOE
C.R.S. MANAGEMENT ASSOCIATES, INC
3900 WOODLAKE BLVD., STE 201
LAKE WORTH FL 33463

10. Name and Address of New Registered Agent
81 Name: Patti H. Ladwig, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 1645 Palm Beach Lakes Blvd
83 Ste 640
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 617.0502, Florida Statutes.

SIGNATURE: Patti Heidi Ladwig Patti Heidler Ladwig 4/23/96
Date: 4/23/96

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | PTD | <input type="checkbox"/> DELETE |
| NAME | MCDONALD, TAMMY | |
| STREET ADDRESS | 1903 S. CONGRESS AVENUE | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33426 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | BROWN, JEFF | |
| STREET ADDRESS | 1903 S. CONGRESS AVENUE | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33426 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | DREWS, ROBERT | |
| STREET ADDRESS | 1903 S. CONGRESS AVENUE | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33426 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 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 | |

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: Robert W Drew Date: 4-3-96 Daytime Phone #: 407-641-8554

CR2E037 (12/95)