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**Apr 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000000237 (7)
1. Corporation Name
BOCA ISLES SOUTH PROPERTY OWNERS ASSOCIATION, IN C.



Principal Place of Business C/O G.R.S. MANAGEMENT ASSOCIATES, INC 3900 WOODLAKE BLVD. STE 201 LAKE WORTH FL 33463 US	Mailing Address C/O C.R.S MANAGEMENT ASSOCIATION, INC 3900 WOODLAKE BLVD., STE 201 LAKE WORTH FL 33463 US
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3. Date Incorporated or Qualified
01/14/1994

4. FEI Number
65-0542783

Applied For	
Not Applicable	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**PATTI H. LADWIG, ESQ.
1645 PALM BEACH, LAKES BLVD
STE 640
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

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

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDONALD, TAMMY	1.2 NAME	SUPPO, BERNKE
STREET ADDRESS	1903 S. CONGRESS AVENUE	1.3 STREET ADDRESS	20143 PALM ISLAND DRIVE
CITY-ST-ZIP	BOYNTON BEACH FL 33426	1.4 CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, JEFF	2.2 NAME	SILVERMAN, MICHAEL
STREET ADDRESS	1903 S. CONGRESS AVENUE	2.3 STREET ADDRESS	19874 DINNER KEY DRIVE
CITY-ST-ZIP	BOYNTON BEACH FL 33426	2.4 CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DREWS, ROBERT	3.2 NAME	HERMAN, HARRIET
STREET ADDRESS	1903 S. CONGRESS AVENUE	3.3 STREET ADDRESS	20298 OCEAN KEY DRIVE
CITY-ST-ZIP	BOYNTON BEACH FL 33426	3.4 CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	AREMAN, ZITA
STREET ADDRESS		4.3 STREET ADDRESS	10951 BAL HARBOR DRIVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	MASCETTI, DENISE
STREET ADDRESS		5.3 STREET ADDRESS	19874 DINNER KEY DR
CITY-ST-ZIP		5.4 CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Friedman Jack
STREET ADDRESS		6.3 STREET ADDRESS	19628 BISCAYNE BAY DR
CITY-ST-ZIP		6.4 CITY-ST-ZIP	BOCA RATON, FL 33498

14. 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.

SIGNATURE: *[Signature]* **4/14/98 561-641-8554**

CR2E037 (10/97)