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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000000237

1. Corporation Name
BOCA ISLES SOUTH PROPERTY OWNERS ASSOCIATION, IN C.

Principal Place of Business C/O G.R.S. MANAGEMENT ASSOCIATES, INC 3800 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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/14/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0542783
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Country 29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Country 30	

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 Patti Heidler Ladwig, P. A. 82 Street Address (P.O. Box Number is Not Acceptable) Wellington Country Plaza 83 12765 W. Forest Hill Blvd., Ste. 1317 84 City Wellington FL 85 Zip Code 33414
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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 D	<input type="checkbox"/> DELETE	1.1 TITLE DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SUPPO, BERNICE		1.2 NAME	
STREET ADDRESS 20143 PALM ISLAND DR		1.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33498		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SILVERMAN, MICHAEL		2.2 NAME	
STREET ADDRESS 19874 DINNER KEY DR		2.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33498		2.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HERMAN, HARRIET		3.2 NAME FRIEDMAN, BARRY	
STREET ADDRESS 20298 OCEAN KEY DR		3.3 STREET ADDRESS 19688 DINNER KEY DRIVE	
CITY-ST-ZIP BOCA RATON FL 33498		3.4 CITY-ST-ZIP BOCA RATON, FL 33498	
TITLE PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AREMAN, ZITA		4.2 NAME	
STREET ADDRESS 10952 BAL HARBOR DR		4.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33498		4.4 CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MASCETTI, DENISE		5.2 NAME SHINE, ARTHUR	
STREET ADDRESS 19574 DINNER KEY DR		5.3 STREET ADDRESS 20095 WEST KEY DRIVE	
CITY-ST-ZIP BOCA RATON FL 33498		5.4 CITY-ST-ZIP BOCA RATON, FL 33498	
TITLE TD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRIEDMAN, JACK		6.2 NAME	
STREET ADDRESS 19628 BISCAYNE BAY DR		6.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33498		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: [Signature] **REQUIRED** Date _____ Daytime Phone # **561-641-8554**

CR2E037 (1/98)