

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 APR 13 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N97000001222 (5)

1. Corporation Name

MIZNER POINTE OF BOCA HOMEOWNERS ASSOCIATION, IN C.

Principal Place of Business

Mailing Address

123 NW 13TH STREET
SUITE 300
BOCA RATON FL 33432

123 NW 13TH STREET
SUITE 300
BOCA RATON FL 33432

3. Date Incorporated or Qualified

03/04/1997

4. FEI Number

Applied For
 Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

10. Name and Address of New Registered Agent

SHAPIRO, DAVID
123 NW 13TH STREET
SUITE 300
BOCA RATON FL 33432

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

788802430017-0
04/16/98--01013--004
*****70.0FL Zip Code
*****70.00

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 reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME D FINGULIN, GEORGE
STREET ADDRESS 123 NW 13TH ST, STE 300
CITY-ST-ZIP BOCA RATON FL 33432

1.1 TITLE DV Change Addition
1.2 NAME Fingulin, George
1.3 STREET ADDRESS 123 N.W. 13th St., Suite 300
1.4 CITY-ST-ZIP Boca Raton, FL 33432

TITLE DELETE
NAME D ENGELSTEIN, HARRY
STREET ADDRESS 123 NW 13TH ST, STE 300
CITY-ST-ZIP BOCA RATON FL 33432

2.1 TITLE DP Change Addition
2.2 NAME Engelstein, Harry
2.3 STREET ADDRESS 123 N.W. 13th St., Suite 300
2.4 CITY-ST-ZIP Boca Raton, FL 33432

TITLE DELETE
NAME D GUADET, LYNNE
STREET ADDRESS 123 NW 13TH ST, STE 300
CITY-ST-ZIP BOCA RATON FL 33432

3.1 TITLE DST Change Addition
3.2 NAME Gaudet, Lynne
3.3 STREET ADDRESS 123 N.W. 13th St., Suite 300
3.4 CITY-ST-ZIP Boca Raton, FL 33432

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

HARRY ENGELSTEIN PRESIDENT 561-391-4012

CR2E037 (10/97)