FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:06

DOCUMENT # 724897 (4)

1. Corporation Name
BOCA LAKES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8768 CHEVY CHASE DR. BOCA RATON FL 33433	8768 CHEVY CHASE DR. BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/1972
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-1459810 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 SAME AS ABOVE	26 SAME AS ABOVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

WARSHINSKY, MACK
8844 BELLE AIRE DRIVE
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name: ROBERT BADER
82 Street Address (P.O. Box Number is Not Acceptable): 8652 BOCA DRIVE
83
84 City: BOCA RATON FL 85 Zip Code: 33433

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: X Robert Bader — 2-21-95
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	WARSHINSKY, MACK	1.2 NAME	ROBERT BADER	
STREET ADDRESS	8844 BELLE AIRE DRIVE	1.3 STREET ADDRESS	8652 BOCA DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 00000	1.4 CITY-ST-ZIP	BOCA RATON, FL. 33433	
TITLE	VPD	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	GOLDVERG, ABRAHAM	2.2 NAME	ALLEN PITKIN	
STREET ADDRESS	8769 WARWICK DRIVE	2.3 STREET ADDRESS	20818 VINESTA CIRCLE	
CITY-ST-ZIP	BOCA RATON, FL 00000	2.4 CITY-ST-ZIP	BOCA RATON, FL. 33433	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	SEMMEL, LEAH	3.2 NAME	LEONARD ROSENFELD	
STREET ADDRESS	20845 VINESTA CIRCLE	3.3 STREET ADDRESS	8769 WARWICK DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 00000	3.4 CITY-ST-ZIP	BOCA RATON, FL. 33433	
TITLE	TD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	STORCH, STANLEY	4.2 NAME	MARTY RICH	
STREET ADDRESS	20987 COVINGTON DR	4.3 STREET ADDRESS	8649 BOCA DRIVE	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	BOCA RATON, FL. 33433	
TITLE		5.1 TITLE	D	☒ Change ☐ Addition
NAME		5.2 NAME	WILLIAM BACHA	
STREET ADDRESS		5.3 STREET ADDRESS	8931 BELLE AIRE DR	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	BOCA RATON, FL. 33433	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: X Robert Bader — 2-21-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000880