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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 APR -5 PM 2:49

DOCUMENT # **769677** **(6)**

1. Corporation Name

BOCA ISLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1801 S. FEDERAL HWY #M-143 DELRAY BEACH FL 33483	1801 S. FEDERAL HWY #M-143 DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/03/1983
3a. Date of Last Report: 03/25/1994
4. FEI Number: 59-2390458 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1280 SW 36 Ave	26 1280 SW 36 Ave
22 Suite 301	27 Suite 301
23 Pompano Beach	28 Pompano Beach FL
24 Zip 33069 25 Country USA	29 Zip 33069 30 Country USA

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

9. Name and Address of Current Registered Agent

PAOLINI, KIMBERLY
3275 FREDERICK BLVD
#15
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name: Janet Romano / Exclusive Property Mgmt
82 Street Address (P.O. Box Number is Not Acceptable): 1280 SW 36 Ave
83: Suite 301
84 City: Pompano Beach FL 85 Zip Code: 33069

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: Katherine Ann Thomas 3-20-95
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	DP	11 TITLE	President	☒ Change ☐ Addition
NAME	BERNICE, CRAVEN	12 NAME	Kevin JUST	
STREET ADDRESS	55 TROPIC ISLE DR. #39	13 STREET ADDRESS	10090 Lexington Estates Blvd	
CITY-ST-ZIP	DELRAY BEACH FL	14 CITY-ST-ZIP	Boca Raton FL 33428	(1)
TITLE	DVP	21 TITLE	Vice President	☒ Change ☐ Addition
NAME	ANDREOU, JOHN	22 NAME	John Andreou	
STREET ADDRESS	3275 FREDERICK BLVD #110	23 STREET ADDRESS	18210 Rolling Meadow Way	
CITY-ST-ZIP	DELRAY BEACH FL	24 CITY-ST-ZIP	Rockville MD 20832	(2)
TITLE	DST	31 TITLE	Secretary	☒ Change ☐ Addition
NAME	PAOLINI, KIMBERLY	32 NAME	Katherine Bros-Thomas	
STREET ADDRESS	1801 S FEDERAL HWY M144	33 STREET ADDRESS	122 Cleveland Rd	
CITY-ST-ZIP	DELRAY BEACH FL	34 CITY-ST-ZIP	Lake Worth FL 33467	(3)
TITLE	D	41 TITLE	Treasurer	☐ Change ☐ Addition
NAME	HICKS, RITA	42 NAME		
STREET ADDRESS	2565 S OCEAN BLVD.	43 STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND BEACH FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: Katherine Ann Thomas 3-20-95 407-642-1356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #