

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 744559 (6)

1. Corporation Name

BOCA RANCHO HOMEOWNERS ASSOCIATION, INC.

FILED
1995 AUG -2 AM 9:18
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
STOLTZ MANAGEMENT CO 951 Broken Sound Pkwy
301 YAMATO RD #4199 BOCA RATON FL 33487
STOLTZ MANAGEMENT CO 301 YAMATO RD #4199 BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/12/1978 3a. Date of Last Report 05/01/1994
4. FEI Number 59-1917659 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 ☐ FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business Mailing Address
21 951 Broken Sound Pkwy 26 951 Broken Sound Pkwy
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 Boca Raton FL 28 Boca Raton
24 33487 25 P. Beach 29 33487 30 P. Beach

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STOLTZ, RANDY M.
301 YAMATO RD #4199
BOCA RATON FL 33431

81 Name Joel Messinger
82 Street Address (P.O. Box Number is Not Acceptable) 951 Broken Sound Pkwy
83 Suite 250
84 Boca Raton FL 85 33487

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

Joel Messinger

Joel Messinger

7/6/95

(Signature, typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ☐ Change ☒ Addition

TITLE PD
NAME MITCHELL, ROBERT
STREET ADDRESS 301 YAMATO RD #4199
CITY, ST, ZIP BOCA RATON FL
TITLE DV
NAME STOLTZ, RANDY M.
STREET ADDRESS 301 YAMATO RD #4199
CITY, ST, ZIP BOCA RATON FL
TITLE TD
NAME JONES, ELIZABETH
STREET ADDRESS 22246 D BOCA RANCHO D
CITY, ST, ZIP BOCA RATON FL
TITLE DS
NAME CARROS, JASON R
STREET ADDRESS 301 YAMATO RD #4199
CITY, ST, ZIP BOCA RATON FL
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

1.1 TITLE P/D
1.2 NAME Gary Nurkiewicz
1.3 STREET ADDRESS 22220 D Boca Rancho DR
1.4 CITY, ST, ZIP Boca Raton FL 33428
2.1 TITLE VP/D
2.2 NAME Jim Laveoli
2.3 STREET ADDRESS 22176 A Boca Rancho DR
2.4 CITY, ST, ZIP Boca Raton FL 33428
3.1 TITLE John Dial VP/D
3.2 NAME 22169 B Boca Rancho DR
3.3 STREET ADDRESS Boca Rancho DR Raton FL 33428
3.4 CITY, ST, ZIP
4.1 TITLE T/D
4.2 NAME Dominic Servodio
4.3 STREET ADDRESS 22244 C Boca Rancho DR
4.4 CITY, ST, ZIP Boca Raton, FL 33428
5.1 TITLE S/D
5.2 NAME Lee Dauls
5.3 STREET ADDRESS 22196 D Boca Rancho DR
5.4 CITY, ST, ZIP Boca Raton, FL 33428
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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 my address.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

7/25/95 407 240-0200
994-1788