

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **708430** (4)
1. Corporation Name
BOCA VERDE, INC. (A CONDOMINIUM ASSOCIATION)



100001764111
-04/01/96--01024--006

Principal Place of Business
**300 N.E. 20TH ST.
BOCA RATON FL 33431-8144**

Mailing Address
**300 N.E. 20TH ST.
BOCA RATON FL 33431-8144**

3. Date of Incorporation or Qualified 02/02/1965	3a. Date of Last Report 04/05/1995
4. FEI Number 59-1145687	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	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**MOSHER, CALVIN
300 NE 20TH ST.
SUITE 307
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name RICHARD T DENHAM	82 Street Address (P.O. Box Number is Not Acceptable) 300 N.E. 20th St. #403
83 City Boca Raton	84 State FL
85 Zip Code 33431	

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 *Richard T. Denham*
Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent Signature required when making change)

3-6-96
DATE

12. OFFICERS AND DIRECTORS

TITLE 1 NAME STREET ADDRESS CITY-ST-ZIP	D MOSHER, CALVIN 300 NE 20TH ST., STE. 307 BOCA RATON FL	☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARAFFIE, LEWIS 300 NE 20TH ST., STE. 101 BOCA RATON FL 33431	☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KASHUDA, DOROTHY 300 NE 20TH ST., STE. 102 BOCA RATON FL 33431	☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POLVERARI, THERESA 300 NE 20TH ST., STE. 407 BOCA RATON FL	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR PENDERGAST, JACK 300 NE 20TH ST., STE. 808 BOCA RATON FL	☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR MALONEY, PATRICK 300 NE 20TH ST., STE. 405 BOCA RATON FL	☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS-NOT

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	D RICHARD T DENHAM Tom Denham 300 N.E. 20th St. #403 Boca Raton-FL 33431	☒ Change ☒ Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	P Priscilla B. Comolli 300 N.E. 20th St. #414 Boca Raton-FL 33431	☐ Change ☒ Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	V Vincent F. Kashuda 300 N.E. 20th St. #101 Boca Raton-FL 33431	☐ Change ☒ Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	B Beatrice Belisle 300 N.E. 20th St. #504 Boca Raton-FL 33431	☐ Change ☒ Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	A Albert Rodriguez 300 N.E. 20th St. #306 Boca Raton-FL 33431	☐ Change ☒ Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	A Anthony Perezluha 300 N.E. 20th St. #614 Boca Raton-FL 33431	☐ Change ☒ Addition

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 an address.

SIGNATURE: *P.B. Comolli* T-P.B. Comolli March 6-1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: *3-6-96*
Date: *3-6-96*
Phone: *Tel # (407) 395-5498*

CR2E037 (12/95)