

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 744559 (6)
1. Corporation Name
BOCA RANCHO HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
CAS MANAGEMENT 951 BROKEN SOUND PKWY STE 250
BOCA RATON FL 33487 US

3. Date Incorporated or Qualified 10/12/1978
3a. Date of Last Report 08/02/1995
4. FEI Number 59-1917659
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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 28 Zip 29 Country
25

9. Name and Address of Current Registered Agent

MESSINGER, JOEL
951 BROKEN SOUND PKWY
STE 250
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME NURKIEWICZ, GARY
STREET ADDRESS 22220 D BOCA RANCHO DR
CITY-ST-ZIP BOCA RATON FL
TITLE VPD ☐ DELETE
NAME LQUEOLI, JIM
STREET ADDRESS 22176 A BOCA RANCHO DR
CITY-ST-ZIP BOCA RATON FL
TITLE VPD ☒ DELETE
NAME DIAL, JOHN
STREET ADDRESS 22189 B BOCA RANCHO DR
CITY-ST-ZIP BOCA RATON FL
TITLE TD ☒ DELETE
NAME SERVEDIO, DOMONIC
STREET ADDRESS 22244 C BOCA RANCHO DR
CITY-ST-ZIP BOCA RATON FL
TITLE SD ☒ DELETE
NAME DAVIS, LEE
STREET ADDRESS 22196 D BOCA RANCHO DR
CITY-ST-ZIP BOCA RATON FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE TD ☐ Change ☒ Addition
12 NAME Angello Fiorenza
13 STREET ADDRESS 22180 D Boca Rancho Dr
14 CITY-ST-ZIP BOCA RATON FL 33428
21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/96 407 994-1288
Daytime Phone #

CR2E037 (12/95)