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Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744150 (4)

1. Corporation Name

BOCA RIDGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

9322 SABLE RIDGE CR
BOCA RATON FL 334289322 SABLE RIDGE CR
BOCA RATON FL 33428-14273. Date Incorporated or Qualified
09/05/19783a. Date of Last Report
04/10/19964. FEI Number
59-1984511Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. 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

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MESSINGER, JOEL
951 BROKEN SOUND PARKWAY
SUITE 250
BOCA RATON FL 33487

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 appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME MINTON, NIAL
STREET ADDRESS 9322 SABLE RIDGE CIRCLE
CITY-ST-ZIP BOCA RATON FL1.1 TITLE P/D ☐ Change ☒ Addition
1.2 NAME Herman Chester
1.3 STREET ADDRESS 9322 Sable Ridge Circle
1.4 CITY-ST-ZIP Boca Raton FL ☒ Change ☐ AdditionTITLE SD ☐ DELETE
NAME MCCARN, PAT
STREET ADDRESS 9322 SABLE RIDGE CIRCLE
CITY-ST-ZIP BOCA RATON FL2.1 TITLE VP ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE ST ☒ DELETE
NAME FUCHS, LORRAINE
STREET ADDRESS 9322 SABLE RIDGE CIRCLE
CITY-ST-ZIP BOCA RATON FL3.1 TITLE Secretary ☐ Change ☒ Addition
3.2 NAME Arlene Zimmerman
3.3 STREET ADDRESS 9322 Sable Ridge
3.4 CITY-ST-ZIP Boca Raton FLTITLE D ☐ DELETE
NAME ZIMMERMAN, HOWARD
STREET ADDRESS 9286 SABLE RIDGE CIR
CITY-ST-ZIP BOCA RATON FL4.1 TITLE Treasurer/D ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME FILORIMO, JOSEPH
STREET ADDRESS 9322 SABLE RIDGE DRIVE
CITY-ST-ZIP BOCA RATON FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME Marie Munaca
6.3 STREET ADDRESS 9322 Sable Ridge Dr
6.4 CITY-ST-ZIP Boca Raton FL

14. I do hereby certify that the information supplied with this filing 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0041788

CR2E037 (9/96)