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Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000001191 (5)**

1. Corporation Name

THE SHORES AT BOCA RATON HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5295 TOWN CENTER RD
200
BOCA RATON FL 33486
US

5295 TOWN CENTER RD
200
BOCA RATON FL 33486-1088
US



3. Date Incorporated or Qualified
03/08/1994

3a. Date of Last Report
02/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number
65-0536881

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ISAACSON, WILLIAM K.
LANG MANAGEMENT COMPANY INC.
5295 TOWN CENTER RD, SUITE 200
BOCA RATON FL 33486

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **ENDELSON, KENNETH**
STREET ADDRESS **1000 CLINT MOORE DR., STE. 110**
CITY-ST-ZIP **BOCA RATON FL 33487**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **ENDELSON, KENNETH**
1.3 STREET ADDRESS **1000 CLINT MOORE RD STE 110**
1.4 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **DP** ☐ DELETE
NAME **FINKELSTEIN, RICHARD**
STREET ADDRESS **1000 CLINT MOORE DR., STE. 110**
CITY-ST-ZIP **BOCA RATON FL 33487**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **BORG, DEAN**
STREET ADDRESS **1000 CLINT MOORE DR., STE. 110**
CITY-ST-ZIP **BOCA RATON FL 33487**

3.1 TITLE **VD** ☒ Change ☐ Addition
3.2 NAME **BORG, DEAN**
3.3 STREET ADDRESS **1000 CLINT MOORE RD STE 110**
3.4 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **ST** ☐ DELETE
NAME **GRAY, JUDY**
STREET ADDRESS **1000 CLINT MOORE DR., STE. 110**
CITY-ST-ZIP **BOCA RATON FL 33487**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 registered agent 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 on an attaching with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dean Borg
VP

3/14/97

(561) 755-8800

Daytime Phone # 0045039

CR2E037 (9/96)