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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 04 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #
1. Corporation Name

N24440

(2)

MONTEGO BAY AT BOCA POINTE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address							-{			
·						1				
	ongress avenue	3600 SOUTH CONGRESS AVENUE					•			
SUITE C BOYNTON BEACH FL 33426		SUITE C BOYNTON BEACH FL 33426-8488					•			
BOTHTON BEAT	on re 55-20	DOTHER DENOTITE SAMEOUND				3. Date Incorporated or Qualified 01/21/1988	3a. Date of Last 06/06/1	Report 996		
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number	17/	Applied For		
21		26				65-0026949		lot Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					□ \$8.75	Additional		
22		27				5. Certificate of Status Desired		Required		
City & State	9	City & State				6. Election Campaign Financing	\$5.00	May Be		
23		28				Trust Fund Contribution Added to Fees				
Ζιρ	Country	Zip		Country		8. This corporation has liability for it	ntangible tax under	s. 199.032,		
24	25	29	30				Yes No			
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Reg	latered Agent			
				81	Name					
ST. JOH	N, KING & DICKER			82	Street	Address (P.O. Box Number is Not Acceptab	le)			
500 AUS		"	0	Table of the transfer of the transplan		•				
SUITE 6	00			83						
WEST P	ALM BEACH FL 33401			-	D'1.		last se	. 6-1-		
				84	City		FL 85 Zip	Code		
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florid	la Statutes, t	the above	-named	corporation submits this statement for the p		its registered		
office or re	egistered agent, or both, in the State of	of Florida, Such chang	ge was auth	orized by	the corp	corporation submits this statement for the p poration's board of directors. I hereby accep	t the appointment a	s registered		
1			ooo, monda	a Digitates	٠.					
SIGNATURE _	Signature, typed or printed name of registered agen	and title if anolicable	(NOTE: Be	gistered Age	nt signature	required when reinstating)	DATE			
12.	OFFICERS AND	DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		DRS IN 12		
TITLE	Р	☐ DE	LETE	1.1 TITLE		TREASURER.	Change	Addition		
NAME	SAYLES, MARCIA			1.2 NAME		CHASHIN BRUCE	. —			
STREET ADDRESS	2760 MANDELVILLE PLACE			1.3 STREET	ANDRESS	6691 D MONTEGO B	BAY BUND)		
	BOCA RATON FL 33433			1.4 CITY-S		BOCA RATON, FL.	33433			
CHY-ST-7IP	D	DE	EFF	2.1 TITLE	1-2IF	0001 Par 101-11 01	Change	Addition		
NAME	FREEDMAN, CRAIG	L 50		2.2 NAME			Silange	7.00(101)		
} · · · · · .	6712 D. MONTEGO BAY BOU	EVARD	ľ		Annorge .					
STREET ADDRESS	BOCA RATON FL 33433	LLVAND		2.3 STREET			1,			
CITY-SI-ZIP TITLE	S	DE	ETC	2. 4 CITY - 3 3.1 TITLE	ST-ZIP	<u> </u>	Change	Addition		
í í	DAVIS, ROZ	1 000	XLIL				i			
NAME	6691 G MONTEGO BAY BOUL	CVARD	l l	3.2 NAME						
STREET ADDRESS		EVANU		3.3 STREET						
CITY - ST - ZIP	BOCA RATON FL 33433	l nr	LETE	3.4. CITY - 5	SI-ZIP			##JD!		
TITLE	D DEIGH EVENNA	L_J DE	נכום	4.1 TITLE			Change	Addition		
NAME	REICH, EVELYN	FUADO		4. 2 NAME						
STREET ADDRESS	6650 D MONTEGO BAY BOUL	EVAKU		4.3 STREET	ADDRESS	•				
CITY-ST-ZIP	BOCA RATON FL 33433			4.4 CITY-S	T-ZIP					
TITLE	VPD	DE	LETE	5.1 TITLE			L Change	Addition		
NAME]	KALINSKY, EDWARD		J	5.2 NAME						
STREET ADDRESS	6712 C MONTEGO BAY BOUL	.evard		5.3 STREET	address					
DITY-ST-ZIP	BOCA RATON FL 33433			5.4 CITY-S	T-ZIP					
TITLE	ATLACUIT DO	OF DE	LETE	6.1 TITLE			Change	Addition		
NAME	CHASHIN BRI	,	,	6.2 NAME						
STREET ADDRESS	6691 D MONTEG	OBAY-BLV	'D '	6.3 STREET	address					
CHTY-ST-ZIP	BOCARATON, FL	33433	<u> </u>	6.4 CITY - S	1 - ZIP					
14. I do heret	by certify that the information supplied			r the exe	mption s	tated in Section 119.07(3)(i), Florida Statutes				
Informatio I am an o	in indicated on this annual report or sufficer or director of the corporation or	ippiemental annual re the receiver or trustee	eport is true e empowere	and accu d to exec	irate and lute this i	I that my signature shall have the same lega report as required by Chapter 617, Florida S	i errect as it made u tatutes; and that my	inder oath; that I name		

SIGNATURE: Y LAUCIA SAYLES 3/1/91

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

SIGNATURE: O DENT PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

ONLY TO DENT PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

ONLY TO DENT PRINTED NAME OF BIGNING OFFICER OR DIRECTOR