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Apr 30 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003618 (6)

1. Corporation Name

BOCA ISLES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

G.R.S. MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD., SUITE 201
LAKEWORTH FL 33463
USG.R.S. MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD., SUITE 201
LAKEWORTH FL 33463-3045
US

3. Date Incorporated or Qualified

08/10/1993

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LADWIG, PATTI H ESQ.
1645 PALM BCH LAKES BLVD.
SUITE 640
WEST PALM BEACH FL 33401

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 S ☐ DELETENAME SPAGNA, LORRAINE
STREET ADDRESS 10654 MAPLE CHASE DRIVE
CITY-ST-ZIP BOCA RATON FL 33498

1.1 TITLE

VPO

☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE VP ☒ DELETENAME SILVERSTEIN, NORMAN
STREET ADDRESS 19457 PRESERVE DRIVE
CITY-ST-ZIP BOCA RATON FL 33498

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

SD

Bimonte, Arthur

10667 Maple Chase Dr.

BOCA RATON, FL 33498

☐ Change ☒ AdditionTITLE DT ☒ DELETENAME DAVID KATZMAN
STREET ADDRESS 10800 MAPLE CHASE DRIVE
CITY-ST-ZIP BOCA RATON FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

PD

JACOBSON, Loretta N.

19078 Cloister Lake Lane

BOCA RATON, FL 33498

☐ Change ☒ AdditionTITLE DP ☒ DELETENAME SPIEGEL, ROBERTA
STREET ADDRESS 10516 MAPLE CHASE DRIVE
CITY-ST-ZIP BOCA RATON FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ AdditionTITLE DVP ☐ DELETENAME ROBERT GUTIERREZ
STREET ADDRESS 10734 MAPLE CHASE DRIVE
CITY-ST-ZIP BOCA RATON FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TD

☒ Change ☐ AdditionTITLE AVP ☒ DELETENAME PROCTOR, ARNOLD
STREET ADDRESS 10763 MAPLE CHASE DRIVE
CITY-ST-ZIP BOCA RATON FL 33498

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

AVPD

Sciur, William

19377 LOSTOAKS LANE

BOCA RATON, FL 33498

☐ Change ☒ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date April 8 1997

Daytime Phone # 561-477-9261

CR2E037 (9/96)