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May 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769677 (6)

1. Corporation Name

BOCA ISLE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

160th
1304 SW 36 AVE., #301
POMPANO BEACH FL 33069
US Ft. Lauderdale,
FL 333261304 SW 36 AVE., #301
POMPANO BEACH FL 33069-4000
US 1304 SW 160th Ave
#541 Ft. Land 33326

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

24

25

29

30

3. Date Incorporated or Qualified
08/03/19833a. Date of Last Report
10/02/1996

4. FEI Number

59-2390458

Applied For

Not Applicable

5. 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROMANO, JANET
1280 SW 36 AVE
SUITE 301
POMPANO BEACH FL 33069

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

Janet Romano

Janet Romano

4/30/97

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 PD
NAME PAOLINI, MICHAEL
STREET ADDRESS 1801 S. FEDERAL HWY., #144
CITY-ST-ZIP DELRAY BEACH FL 33483 ☒ DELETE1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VD
NAME ANDREOLI, JOHN
STREET ADDRESS 18216 ROLLING MEADOW WAY
CITY-ST-ZIP ROCKVILLE MD ☐ DELETE2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE ~~PD~~
NAME BROWN, JULIE
STREET ADDRESS 55 TROPIC ISLE BLVD., #33D
CITY-ST-ZIP DELRAY BEACH FL 33483 ☐ DELETE3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE TD
NAME HICKS, RITA
STREET ADDRESS 2565 S OCEAN BLVD.
CITY-ST-ZIP HIGHLAND BEACH FL 33431 ☐ DELETE4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ~~PD~~
NAME Paul Milazzo
STREET ADDRESS 105 Tropic Isle Dr.
CITY-ST-ZIP Delray Beach, FL 33483 ☐ DELETE5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 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 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:

Julie Brown

Julie Brown 4/30/97

561
272-7760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0025883

CFR2037 (9/96)