

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 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 # N25130

1. Corporation Name

BOCA PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

BOCA RATON, FL

Mailing Address

JOHN R. LOPRESTI
6029 OLD COURT RD
BOCA RATON, FL
33433

3. Date Incorporated or Qualified
03/01/1988

3a. Date of Last Report
4/19/96

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0219520

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

BIGIO, JULES
21777 Beachnut Drive
Boca Raton, Fl. 33433

10. Name and Address of New Registered Agent

81 Name JOHN R Lopresti
82 Street Address (P.O. Box Number is Not Acceptable)
6029 OLD COURT RD
83 BOCA RATON FL 33433
84 City FL 85 Zip Code 33433

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

John R Lopresti

JOHN R. LOPRESTI, PRES.

4-10-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TREASURER - DIRECTOR	<input type="checkbox"/> DELETE
NAME	KAREN DECOU	
STREET ADDRESS	6053 OLD CT. RD. #305	
CITY-ST-ZIP	BOCA RATON, FL. 33433	
TITLE	SECY - DIRECTOR	<input type="checkbox"/> DELETE
NAME	JANE SOLOMON	
STREET ADDRESS	6037 OLD COURT RD	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	VICE PRESIDENT - D.	<input type="checkbox"/> DELETE
NAME	JUDY VINO	
STREET ADDRESS	6053 OLD COURT RD.	
CITY-ST-ZIP	BOCA RATON, FL. 33433	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	RICHARD LEARNER	
STREET ADDRESS	698 N.E. SPANISH RIVER BLVD	
CITY-ST-ZIP	BOCA RATON, FL. 33433	
TITLE	JOHN R. LOPRESTI - PD	<input type="checkbox"/> DELETE
NAME	6029 OLD COURT RD	
STREET ADDRESS	BOCA RATON, FL 33433	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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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:

John R Lopresti

April 10, 1997

407-395 3489

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

JOHN R. LOPRESTI, PRES.

CR2E037 (9/96)