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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 US

3. Date Incorporated or Qualified

03/08/1994

4. FEI Number

65-0536881

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ 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

☐ DELETE

**PD
NAME ENDELSON, KENNETH
STREET ADDRESS 1000 CLINT MOORE DR., STE. 110
CITY-ST-ZIP BOCA RATON FL**

☐ DELETE

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

☐ DELETE

**VD
NAME BORG, DEAN
STREET ADDRESS 1000 CLINT MOORE DR., STE. 110
CITY-ST-ZIP BOCA RATON FL**

☐ DELETE

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

☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP**

☐ Change ☐ Addition

14. I 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:

Judy Marking Gray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 000-0000

CR2E037 (10/97)