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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19838 (4)

1. Corporation Name

BOCA GOLF AND TENNIS TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O CAMPBELL PROP. MGM'T AND REAL ESTATE 1215 E. HILLSBORO BLVD DEERFIELD BEACH FL 33441	C/O CAMPBELL PROP. MGM'T AND REAL ESTATE 1215 E. HILLSBORO BLVD. DEERFIELD BEACH FL 33441

2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30

3. Date Incorporated or Qualified: 03/25/1987

4. FEI Number: 59-2795995 ☐ 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

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

CAMPBELL PROP. MGM'T & REAL ESTATE INC.
1215 E. HILLSBORO BLVD.
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	COHEN, ELEANOR		1.2 NAME		
STREET ADDRESS	17064 BOCA CLUB BLVD. #3		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33487		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KIGAR, DOUGLAS		2.2 NAME		
STREET ADDRESS	17052 BOCA CLUB BLVD. #6		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33487		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COWIT, JACKIE		3.2 NAME		
STREET ADDRESS	17058 BOCA CLUB BLVD. #6		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33487		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ALTANA, WALTER		4.2 NAME		
STREET ADDRESS	17052 BOCA CLUB BLVD #2		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LIPPMAN, ELAINE		5.2 NAME		
STREET ADDRESS	17058 BOCA CLUB BLVD. #3		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33487		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SANTARONE, VERENO		6.2 NAME		
STREET ADDRESS	17094 BOCA CLUB BLVD. #5		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33487		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: ELEANOR COHEN, PRES. Eleanor Cohen, Pres. 4/15/98 (561)241-5742