

FILE NOW: FILING FEE IS \$61.25

FILED

May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **744150** (4)
1. Corporation Name
BOCA RIDGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business	Mailing Address
9322 SABLE RIDGE CR BOCA RATON FL 33428	9322 SABLE RIDGE CR BOCA RATON FL 33428

3. Date Incorporated or Qualified 09/05/1978	
4. FEI Number 59-1984511	Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MESSINGER, JOEL
951 BROKEN SOUND PARKWAY
SUITE 250
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

81 Name	ERIC ESTEBANEZ
82 Street Address (P.O. Box Number is Not Acceptable)	7540 U.S. Hwy. ONE
83	SUITE 104
84 City	LANTANA
85 FL	Zip Code 33462

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 *Eric Estebanez* **ERIC ESTEBANEZ** 4/30/98
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PD HERMAN, CHESTER
STREET ADDRESS	9322 SABLE RIDGE CIR
CITY-ST-ZIP	BOCA RATON FL
TITLE	<input type="checkbox"/> DELETE
NAME	VP MCCARN, PAT
STREET ADDRESS	9322 SABLE RIDGE CIRCLE
CITY-ST-ZIP	BOCA RATON FL
TITLE	<input type="checkbox"/> DELETE
NAME	S ZIMBERG, ARLENE
STREET ADDRESS	9322 SABLE RIDGE CIR
CITY-ST-ZIP	BOCA RATON FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	TD ZIMMERMAN, HOWARD-
STREET ADDRESS	9286 SABLE RIDGE CIR
CITY-ST-ZIP	BOCA RATON FL
TITLE	<input type="checkbox"/> DELETE
NAME	D MURACA, MARIA
STREET ADDRESS	9322 SABLE RIDGE DR
CITY-ST-ZIP	BOCA RATON FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TRAC S. / P MANUEZ GERPE
4.3 STREET ADDRESS	9250 A SABLE RIDGE CIR.
4.4 CITY-ST-ZIP	BOCA RATON 33428
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Herbert J. Chester* **HERBERT J. CHESTER** 4/30/98

CR2E037 (10/97)