

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **769677** (6)  
1. Corporation Name  
**BOCA ISLE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>1304 160TH AVE. #541 FT LAUDERDALE FL 33326 US</b>	Mailing Address <b>1304 SW 160TH AVE. #541 FT. LAUDERDALE FL 33326 US</b>
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3. Date Incorporated or Qualified <b>08/03/1983</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-2390458</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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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	<b>FL</b>
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	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>ANDREOLI, JOHN</b>	
STREET ADDRESS <b>18216 ROLLING MEADOW WAY</b>	
CITY-ST-ZIP <b>ROCKVILLE MD</b>	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BROWN, JULIE</b>	
STREET ADDRESS <b>85 TROPIC ISLE BLVD., #33D</b>	
CITY-ST-ZIP <b>DELRAY BEACH FL</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>HICKS, RITA</b>	
STREET ADDRESS <b>2565 S OCEAN BLVD.</b>	
CITY-ST-ZIP <b>HIGHLAND BEACH FL 33431</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE
NAME <b>MILAZZO, PAUL</b>	
STREET ADDRESS <b>105 TROPIC ISLE DR</b>	
CITY-ST-ZIP <b>DELRAY BEACH FL</b>	
TITLE <b>MAAO</b>	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>Janice May V.P.D.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>111 Passaic Ave.</b>	
1.3 STREET ADDRESS <b>Nutley, NJ 07110</b>	
1.4 CITY-ST-ZIP	
2.1 TITLE <b>S.D. Dorothy Kennell</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>105 Tropic Isle Dr #28</b>	
2.3 STREET ADDRESS <b>Delray Beach, FL</b>	
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 <b>President Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>Milazzo, Paul</b>	
4.3 STREET ADDRESS <b>105 Tropic Isle Dr</b>	
4.4 CITY-ST-ZIP <b>Delray Beach, FL</b>	
5.1 TITLE <b>Maureen Camillo</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME <b>Director</b>	
5.3 STREET ADDRESS <b>42 Orchard St.</b>	
5.4 CITY-ST-ZIP <b>Cos Cob, CT 06807</b>	
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: *Rita Hicks* *Rita Hicks* *6/1/98* *954 477-2868*

CR2E037 (10/97)