


FILE NOW: FILING FEE IS \$61.25

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Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90055 013 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N25130

1. Corporation Name

BOCA PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Old Court Road		26 c/oFeldman & Feldman P.A.		03/01/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 500 N.E. Spanish River Bd		65-0219520	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Boca Raton, Fl.		28 Boca Raton, Fl. 33431		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24		25		29 30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
LOPRESTI, JOHN 6029 OLD COURT RD BOCA RATON FL 33433			81 Name Michael Feldman . Feldman & Feldman, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 500 N.E. Spanish River Blvd., Suite 16 83 84 City Boca Raton, FL 85 Zip Code 33431		

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

3/22/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINO, JUDY	1.2 NAME	
STREET ADDRESS	6053 OLD COURT RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMON, JANE	2.2 NAME	
STREET ADDRESS	6037 OLD COURT RD #9103	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOWALSKI, ROBERT	3.2 NAME	
STREET ADDRESS	6045 OLD COURT RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, JODI	4.2 NAME	
STREET ADDRESS	6050 OLD COURT RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPRESTI, JOHN R	5.2 NAME	
STREET ADDRESS	6029 OLD COURT RD, UNIT 1001	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

John R. Lopresti **JOHN R. LOPRESTI**

3-3-99

Date

Daytime Phone #

CR2E037 (11/98)