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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744150

1. Corporation Name

BOCA RIDGE CONDOMINIUM ASSOCIATION, INC.

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Point Management	26 7540 US Hwy 1	09/05/1978
Suite, Apt. #, etc. 22 Ste 104	Suite, Apt. #, etc. 27 104	4. FEI Number 59-1984511 ☐ Applied For ☐ Not Applicable
City & State 23 Lantana FL 33462	City & State 28 Lantana FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 33462 25 USA	Zip / Country 29 33462 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ESTEBENEZ, ERIC 7540 U.S. HWY. ONE SUITE 104 LANTANA FL 33462	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 _____ 9/6/98
Signature, typed or printed name of registered agent and, if applicable, title (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HERMAN, CHESTER 9322 SABLE RIDGE CIR BOCA RATON FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VP, D. Eskin, Marvin 9346 Sable Ridge Circle Boca Raton, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MCCARN, PAT 9322 SABLE RIDGE CIRCLE BOCA RATON FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	PD McCarn, Patricia 9322 Sable Ridge Circle Boca Raton, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S,D ZIMBERG, ARLENE 9322 SABLE RIDGE CIR BOCA RATON FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GERPE, MANUEL 9250A SABLE RIDGE CIR BOCA RATON FL 33428	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURACA, MARIA 9322 SABLE RIDGE DR BOCA RATON FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Lamber, Merle Hope 9346 Sable Ridge Circle Boca Raton, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	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, with all other like empowered.

SIGNATURE: Patricia P. McCarn SIGNATURE REQUIRED Patricia P. McCarn 1/26/98 561/483-0052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (1/1/98)