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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 769535

1. Corporation Name

BOCA WALK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

% GREENLITE PROP MGMT.
141 NW 20TH ST.
BOCA RATON FL 33431

Mailing Address

% GREENLITE PROP MGMT.
141 NW 20TH ST.
BOCA RATON FL 33431



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

07/25/1983

4. FEI Number
59-2378201

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

9. Name and Address of Current Registered Agent

LEE BURG - BECKER & POLIAKOFF
3111 STIRLING RD
FT LAUDERDALE FL 33312

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

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 SD ☐ DELETE
NAME SCHNACKONBERG, PAULA
STREET ADDRESS % GREENLITE PROP MGMT. 141 NW 20TH ST.
CITY-ST-ZIP BOCA RATON FL 33431

TITLE TD ☐ DELETE
NAME HARDING, MARV
STREET ADDRESS 6471 BOCA CIR
CITY-ST-ZIP BOCA RATON FL

TITLE VP ☐ DELETE
NAME MIRAGLIA CHARLES
STREET ADDRESS % GREENLITE PROP MGMT. 141 NW 20TH ST.
CITY-ST-ZIP BOCA RATON FL

TITLE D ☒ DELETE
NAME PURDIE, BETH
STREET ADDRESS 6335 WALK CIRCLE
CITY-ST-ZIP BOCA RATON FL 33431

TITLE PD ☐ DELETE
NAME WARTON, SANDRA
STREET ADDRESS % GREENLITE PROP MGMT. 141 NW 20TH ST.
CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME CAROL TAFEC
4.3 STREET ADDRESS 6292 WALK CIRCLE
4.4 CITY-ST-ZIP BOCA RATON FL 33431

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)