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May 06, 1999 8:00 am
Secretary of State

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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 # 769677

1. Corporation Name

BOCA ISLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1304 160TH AVE. #541
 FT LAUDERDALE FL 33326
 US

Mailing Address

1304 SW 160TH AVE. #541
 FT. LAUDERDALE FL 33326
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	08/03/1983
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2390458
24 Country	29 Country	Applied For
	30	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

ROMANO, JANET
 1280 SW 36 AVE
 SUITE 301
 POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name **Janet Romano**
 82 Street Address (P.O. Box Number is Not Acceptable) **1924 River Oaks Dr.**
 83
 84 City **Weston** FL 85 Zip Code **33326**

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

Janet F. Romano *Janet F. Romano, Property Manager - 4/28/99*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when dissolving)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAY, JANICE	1.2 NAME	
STREET ADDRESS	111 PASSAIC AVEE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NUTLEY NJ 07110	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FENNELL, DOROTHY	2.2 NAME	
STREET ADDRESS	105 TROPIC ISLE DR, #8	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, RITA	3.2 NAME	
STREET ADDRESS	2565 S OCEAN BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BEACH FL 33431	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILAZZO, PAUL	4.2 NAME	
STREET ADDRESS	105 TROPIC ISLE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMILLO, MAUREEN	5.2 NAME	
STREET ADDRESS	42 ORCHARD ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	COSCO CT 06807	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Robert Cronin SD
105 Tropic Isle Dr
Delray Beach, FL 33483

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:

Paul Milazzo *Paul Milazzo*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Milazzo, President 4-28-99 *984*
 DAYTIME PHONE # *421-0400*

CR2E037 (1/98)