

AND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **405766**
Corporation Name
BOCA ROYALE GOLF COMMON PROPERTY MANAGEMENT, INC

Principal Place of Business
**SOUTH GOLFVIEW DRIVE
ENGLEWOOD FL 34223-1826**

Mailing Address
**ONE SOUTH GOLFVIEW DRIVE
ENGLEWOOD FL 34223-1826**



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/27/1972	
Suite, Apt. #, etc.		26		4. FEI Number 59-1414803	
City & State		27		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
28		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29		Zip		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country		Country			
25		29		30	
9. Name and Address of Current Registered Agent TRACY, DENNIS J. 245 N. TAMiami TRAIL, SUITE A VENICE FL 33595				10. Name and Address of New Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				85 Zip Code	

Pursuant to the provisions of sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
ADDRESS		STD THOMPSON, GEORGE R 1 SOUTH GOLFVIEW DR ENGLEWOOD FL		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
T-ZIP		PD THOMPSON, ANDREW M. 1 SOUTH GOLFVIEW DR ENGLEWOOD FL		1.2 NAME			
				1.3 STREET ADDRESS			
				1.4 CITY-ST-ZIP			
				2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				2.2 NAME			
				2.3 STREET ADDRESS			
				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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				4.2 NAME			
				4.3 STREET ADDRESS			
				4.4 CITY-ST-ZIP			
				5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				5.2 NAME			
				5.3 STREET ADDRESS			
				5.4 CITY-ST-ZIP			
				6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				6.2 NAME			
				6.3 STREET ADDRESS			
				6.4 CITY-ST-ZIP			

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **SIGNATURE REQUIRED** 8/16/99 941-474-9251

CR2E034 (5/99)

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90011 029 ***558.75