FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 570751 1. Corporation Name

BOCA LAGO RESALES AND RENTALS COMPANY

Principal Place	e of Business	Mailing Address			
200 ADMIRALS COVE BLVD. JUPITER FL 33477		200 ADMIRALS COVE BLVD. JUPITER FL 33477			
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					05/02/1978 April 4 Apr
2. Principal Pl	face of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59-1890732 Not Applicable \$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required
22		City & State			
City & State	e	⊢ ′			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
23 Zin	Country	Zip	Coun	trv	This corporation owes the current year Intangible
Zip	25		30	,	Personal Property Tax.
24	9. Name and Address of Current		30 ₁		10. Name and Address of New Registered Agent
	5. Name and Address of Carrotte	1togiolorou / igoni	1	31 Name	
HYM	IAN, SHERRY L				(2.0 2.1)
	ADMIRALS COVE BLVD.			32 Street A	Address (P.O. Box Number is Not Acceptable)
JUPI	TER FL 33477		1	83	
			L		
			1	B4 City	FL 85 Zip Code
					the state of the state of the same of the same in a societared
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligati	ons of, Section 607.0505, Flori	tnonzed i da Statut	es.	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
office or re agent, I a	egistered agent, or both, in the State or m familiar with, and accept the obligation of segmentary typed or ponted name of registered agent.	ons of, Section 607.0505, Flori and title if applicable. (NOTE: I	tnonzed da Statut Registered A	es.	required when reinstating) DATE
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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 607, 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Thomas. Franke President 1/27/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ DELETE

561-744-1700

FILED

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90110 023 ***150.00

. Addition