

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **692645** (5)

1. Corporation Name

BOCA GROVE PLANTATION REALTY CORP.



Principal Place of Business

**21351 WHITAKER DRIVE
BOCA RATON FL 33433**

Mailing Address

**21351 WHITAKER DRIVE
BOCA RATON FL 33433**

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified
06/25/1981

3a. Date of Last Report
03/17/1995

4. FEI Number
65-0177036

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**GERSON, GARY, N
1645 PALM BCH LKS BLVD
SUITE 1200
W PALM BEACH FL 33401**

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 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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☒ DELETE
NAME **TURNER, LEONARD**
STREET ADDRESS **21351 WHITAKER DRIVE**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **PD** ☒ DELETE
NAME **SALKELD, RAYMOND**
STREET ADDRESS **21351 WHITAKER DRIVE**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **TD** ☒ DELETE
NAME **DAWSON, ALLEN**
STREET ADDRESS **21351 WHITAKER DRIVE**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **SD** ☐ DELETE
NAME **PERMESLY, HARRY**
STREET ADDRESS **21351 WHITAKER DR**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D** ☒ Change ☐ Addition
1.2 NAME **Leonard Turner**
1.3 STREET ADDRESS **21351 Whitaker Drive**
1.4 CITY-ST-ZIP **Boca Raton, FL 33433**

2.1 TITLE **V/D** ☒ Change ☐ Addition
2.2 NAME **Janet Sherr**
2.3 STREET ADDRESS **21351 Whitaker Drive**
2.4 CITY-ST-ZIP **Boca Raton, FL**

3.1 TITLE **S/D** ☒ Change ☐ Addition
3.2 NAME **Herbert Liebowitz**
3.3 STREET ADDRESS **21351 Whitaker Dr.**
3.4 CITY-ST-ZIP **Boca Raton, FL**

4.1 TITLE **T/D** ☒ Change ☐ Addition
4.2 NAME **Raymond Salkeld**
4.3 STREET ADDRESS **21351 Whitaker Dr.**
4.4 CITY-ST-ZIP **Boca Raton, FL**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Janet Eaton Sherr

Janet Sherr, Vice Pres. 4-9-96 407-487-5300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)