

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **710404** (5)

1. Corporation Name
BOCA VERDE EAST CONDOMINIUM, INC.



Principal Place of Business: **400 NE 20TH STREET BOCA RATON FL 33431**
Mailing Address: **400 NE 20TH STREET BOCA RATON FL 33431**

3. Date incorporated or Qualified: **02/21/1966**
3a. Date of Last Report: **03/07/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		59-1213398	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FISSLER, ALLENE 400 NE 20TH ST., D-116 BOCA RATON FL 33431				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	VPD		
NAME	RAMSLAND, ARNOLD			1.2 NAME	BLAIR, GARY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	400 NE 20 ST A207			1.3 STREET ADDRESS	400 NE 20 ST C109		
CITY-ST-ZIP	BOCA RATON, FL 00000			1.4 CITY-ST-ZIP	Boca Raton, FL 33431		
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERGMEISTER, ROBERT			2.2 NAME			
STREET ADDRESS	400 NE C207			2.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 00000			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FISSLER, ALLENE			3.2 NAME			
STREET ADDRESS	400 NE 20TH ST D116			3.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 00000			3.4 CITY-ST-ZIP			
TITLE	RSD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TREGER, JENETTE			4.2 NAME	JULIANI, JOHN		
STREET ADDRESS	400 NE 20TH ST #A208			4.3 STREET ADDRESS	400 NE 20 ST D301		
CITY-ST-ZIP	BOCA RATON, FL 00000			4.4 CITY-ST-ZIP	Boca Raton, FL 33431		
TITLE	SD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, BETTY			5.2 NAME			
STREET ADDRESS	400 NE 20 A-110			5.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 00000			5.4 CITY-ST-ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CARTER, EDWARD			6.2 NAME	SPRINGER, Wynn		
STREET ADDRESS	400 NE 20 ST B202			6.3 STREET ADDRESS	400 NE 20 ST C309		
CITY-ST-ZIP	BOCA RATON, FL 00000			6.4 CITY-ST-ZIP	Boca Raton, FL 33431		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alene H. Fessler Treasurer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)