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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33431-8159

3. Date Incorporated or Qualified: 02/21/1966
3a. Date of Last Report: 02/16/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-1213398	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" 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: PETTIT, MARIE 82 Street Address (P.O. Box Number is Not Acceptable): 400 NE 20TH ST., B-212 83 84 City: BOCA RATON FL 85 Zip Code: 33431

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: *Allene H. Fissler* DATE: 3/18/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VPD	NAME: BLAIR, GARY	1.1 TITLE: PD	NAME: BLAIR, GARY
STREET ADDRESS: 400 NE 20 ST, C109	CITY-ST-ZIP: BOCA RATON, FL 00000	1.2 STREET ADDRESS: 400 NE 20TH ST, C109	1.3 CITY-ST-ZIP: BOCA RATON, FL 33431
TITLE: PD	NAME: BERGMEISTER, ROBERT	2.1 TITLE: TD	NAME: PETTIT, MARIE
STREET ADDRESS: 400 NE C207	CITY-ST-ZIP: BOCA RATON, FL 00000	2.2 STREET ADDRESS: 400 NE 20TH ST., B212	2.3 CITY-ST-ZIP: BOCA RATON, FL 33431
TITLE: TD	NAME: FISSLER, ALLENE	3.1 TITLE: VPD	NAME: FISSLER, ALLENE
STREET ADDRESS: 400 NE 20TH ST D116	CITY-ST-ZIP: BOCA RATON, FL 00000	3.2 STREET ADDRESS: 400 NE 20TH ST, D116	3.3 CITY-ST-ZIP: BOCA RATON, FL 33431
TITLE: VPD	NAME: JULIANI, JOHN	4.1 TITLE:	NAME:
STREET ADDRESS: 400 NE 20TH ST, D301	CITY-ST-ZIP: BOCA RATON, FL 00000	4.2 STREET ADDRESS:	4.3 CITY-ST-ZIP:
TITLE: SD	NAME: DAVIS, BETTY	5.1 TITLE:	NAME:
STREET ADDRESS: 400 NE 20 A-110	CITY-ST-ZIP: BOCA RATON, FL 00000	5.2 STREET ADDRESS:	5.3 CITY-ST-ZIP:
TITLE: SD	NAME: SPRINGER, WYNN	6.1 TITLE:	NAME:
STREET ADDRESS: 400 NE 20TH ST, C309	CITY-ST-ZIP: BOCA RATON, FL 00000	6.2 STREET ADDRESS:	6.3 CITY-ST-ZIP:

14. I do 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.

SIGNATURE: *Allene H. Fissler* DATE: 3/17/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ALLENE H. FISSLER
561-395-1478 Daytime Phone # 0038578

CR2E037 (9/96)