

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 710404 (5)**  
1. Corporation Name  
**BOCA VERDE EAST CONDOMINIUM, INC.**



Principal Place of Business <b>400 NE 20TH STREET BOCA RATON FL 33431</b>	Mailing Address <b>400 NE 20TH STREET BOCA RATON FL 33431</b>
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3. Date Incorporated or Qualified <b>02/21/1966</b>	
4. FEI Number <b>59-1213398</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**PETTIT, MARIE  
400 NE 20TH ST., B-212  
BOCA RATON FL 33431**

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

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BLAIR, GARY	
STREET ADDRESS	400 NE 20TH ST., C-109	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PETTIT, MARIE	
STREET ADDRESS	400 NE 20TH ST., B-212	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	FISSLER, ALLENE	
STREET ADDRESS	400 NE 20TH ST., D-116	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	JULIANI, JOHN	
STREET ADDRESS	400 NE 20TH ST, D301	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DAVIS, BETTY	
STREET ADDRESS	400 NE 20 A-110	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SPRINGER, WYNN	
STREET ADDRESS	400 NE 20TH ST, C309	
CITY-ST-ZIP	BOCA RATON, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SD
6.3 STREET ADDRESS	VOGEL, JOAN
6.4 CITY-ST-ZIP	400 NE 20TH ST., B305 BOCA RATON, FL 33431

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

SIGNATURE: **MARIE PETTIT** RE *Marie Pettit Pres.* 3/23/98 561-338-6541

CR2E037 (10/97)