


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90137 039 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 710404**  
 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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 02/21/1966	4. FEI Number 59-1213398 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 **FL** 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 617.0603, 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 checked="" type="checkbox"/> DELETE
NAME	FISSLER, ALLENE	
STREET ADDRESS	400 NE 20TH ST., D-116	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	JULIANI, JOHN	
STREET ADDRESS	400 NE 20TH ST, D301	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, BETTY	
STREET ADDRESS	400 NE 20 A-110	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	VOGEL, JOAN	
STREET ADDRESS	400 NE 20TH ST B305	
CITY-ST-ZIP	BOCA RATON, FL 00000 33431	

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	1st Vice Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Cozza, Angelo	
3.3 STREET ADDRESS	400 NE 20th St #D107	
3.4 CITY-ST-ZIP	Boca Raton, FL 33431	
4.1 TITLE	2nd Vice Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Robert Baker	
4.3 STREET ADDRESS	400 NE 20th St., #D207	
4.4 CITY-ST-ZIP	Boca Raton, FL 33431	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: Marie L. Pettit **SIGNATURE REQUIRED** Marie L. Pettit 3/15/99 (561)338-6541  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)