

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR -4 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 713687 (2)
1. Corporation Name
BOCA ATLANTIC HOME OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
P.O. BOX 112 BOCA RATON FL 33429-0112
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/22/1967** 3a. Date of Last Report **05/01/1994**
4. FEI Number **23-7064562** Applied For ☐
Not Applicable ☐

2. Principal Place of Business 2a. Mailing Address
21 P.O. Box 112 26 P.O. Box 112
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Boca Raton, Fl. 33432 27 Boca Raton, Fl. 33432
City & State City & State
23 28
Zip Country Zip Country
24 25 US 29 30 US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

WARD, JEANNE S.
1505 SOUTH OCEAN BLVD.
#6
BOCA RATON FL 33432

10. Name and Address of New Registered Agent
81 Name Brodell, Harold L.
82 Street Address (P.O. Box Number is Not Acceptable) 1400 South Ocean Blvd., N-1101
83
84 City Boca Raton, FL 85 Zip Code 33432

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 *Harold L. Brodell* **Harold L. Brodell** **March 13, 1995**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	DOWD, JOHN W	1.2 NAME	Brodell, Harold L.
STREET ADDRESS	875 E CAMINO REAL (10C)	1.3 STREET ADDRESS	1400 South Ocean Blvd. N-1101
CITY - ST - ZIP	BOCA RATON, FL 33432	1.4 CITY - ST - ZIP	Boca Raton, Florida 33432
TITLE	PD	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	WARD, JEANNE	2.2 NAME	Ward, Jeanne
STREET ADDRESS	1505 SOUTH OCEAN BLVD., #6	2.3 STREET ADDRESS	1505 South Ocean Blvd., #6
CITY - ST - ZIP	BOCA RATON, FL 33432	2.4 CITY - ST - ZIP	Boca Raton, Florida 33432
TITLE	TD	3.1 TITLE	TD ☒ Change ☐ Addition
NAME	TAGER, JACK	3.2 NAME	DiLeo, Patricia
STREET ADDRESS	1040 BANYAN ROAD 105C	3.3 STREET ADDRESS	1600 South Ocean Blvd.,
CITY - ST - ZIP	BOCA RATON, FL 33432	3.4 CITY - ST - ZIP	Boca Raton, Florida 33432
TITLE	SD	4.1 TITLE	SD ☒ Change ☐ Addition
NAME	RYAN, ANNE	4.2 NAME	Neale, Patricia
STREET ADDRESS	2677 SO. OCEAN BLVD., A-3	4.3 STREET ADDRESS	901 East Camino Real, #11B
CITY - ST - ZIP	BOCA RATON FL	4.4 CITY - ST - ZIP	Boca Raton, Florida 33432
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addressee.

SIGNATURE *Harold L. Brodell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Harold L. Brodell, President

13 March 95 407 368-5412