

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



Principal Place of Business Mailing Address  
**P. O. BOX 112  
BOCA RATON FL 33432  
US**

3. Date Incorporated or Qualified **11/22/1967** 3a. Date of Last Report **04/04/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>23-7064562</b>		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Country		29 Country		30			

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

**BRODELL, HAROLD L.  
1400 SOUTH OCEAN BLVD  
SUITE N-1101  
BOCA RATON FL 33432**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**WARD, JEANNE S.  
428 PLAZA REAL #414**  
83 City  
**BOCA RATON FL** 85 Zip Code  
**33432**

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 JEANNE S. WARD - PRESIDENT JEANNE S. WARD 3/15/96  
Signature, typed or printed name of registered agent and title if applicable. (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	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRODELL, HAROLD L.	1.2 NAME	WARD, JEANNE S.
STREET ADDRESS	1400 SOUTH OCEAN BLVD., N-1101	1.3 STREET ADDRESS	428 PLAZA REAL-#14
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	BOCA RATON FL
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, JEANNE	2.2 NAME	
STREET ADDRESS	1505 SOUTH OCEAN BLVD., #6	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DILEO, PATRICIA	3.2 NAME	THOMAS VINCI, PhD
STREET ADDRESS	1800 SOUTH OCEAN BLVD	3.3 STREET ADDRESS	700 South Ocean Blvd.
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	Boca RATON FL 33432
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEALE, PATRICIA	4.2 NAME	
STREET ADDRESS	901 EAST CAMINO REAL, #11B	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: JEANNE S. WARD, President 3/15/96 401-391-7141  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (12/95)