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FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

P. O. BOX 112
BOCA RATON FL 33429-0112
US



3. Date Incorporated or Qualified
11/22/1967

3a. Date of Last Report
03/29/1996

4. FEI Number
23-7064562

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARD, JEANNE S.
428 PLAZA REAL
SUITE 414
BOCA RATON FL 33432

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 617.0503, Florida Statutes.

SIGNATURE

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 ☐ DELETE

NAME WARD, JEANNE S
STREET ADDRESS 428 PLAZA REAL #414
CITY-ST-ZIP BOCA RATON FL

TITLE VD ☒ DELETE

NAME WARD, JEANNE
STREET ADDRESS 1505 SOUTH OCEAN BLVD., #6
CITY-ST-ZIP BOCA RATON FL

TITLE TD ☒ DELETE

NAME DILEO, PATRICIA
STREET ADDRESS 1800 SOUTH OCEAN BLVD
CITY-ST-ZIP BOCA RATON FL

TITLE SD ☐ DELETE

NAME NEALE, PATRICIA
STREET ADDRESS 901 EAST CAMINO REAL, #11B
CITY-ST-ZIP BOCA RATON FL

TITLE VD ☐ DELETE

NAME VINCI, PHD THOMAS
STREET ADDRESS 700 S OCEAN BLVD
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TREASURER - Director
Buri, Roy
2000 S OCEAN BLVD #15C
BOCA RATON, FL 33432

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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

Patricia Dileo

4/29/97

(561)
391-7141

CR2E037 (9/96)