

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90206 009 ****61.25

DOCUMENT # 713687

1. Corporation Name

BOCA ATLANTIC HOME OWNERS' ASSOCIATION, INC.

Principal Place of Business

P. O. BOX 112
BOCA RATON FL 33432
US

Mailing Address

P. O. BOX 112
BOCA RATON FL 33432
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/22/1967

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

23-7064562

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VINCI, THOMAS
700 S OCEAN BLVD
SUITE 1201
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

OFFICERS AND DIRECTORS

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**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

President
Dr. Thomas Vinci
700 S. Ocean Blvd. - Apt 1201
Boca Raton FL 33432
☐ Change ☒ Addition

TITLE **VPD** ☒ DELETE
NAME **BLOND, EUGENE**
STREET ADDRESS **600 S OCEAN BLVD, SUITE 304**
CITY-ST-ZIP **BOCA RATON FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

1st Vice Pres.
Jeanne S. Ward
428 Plaza Real # 414
Boca Raton FL 33432
☐ Change ☒ Addition

TITLE **SD** ☐ DELETE
NAME **NEALE, PATRICIA**
STREET ADDRESS **901 EAST CAMINO REAL, #118**
CITY-ST-ZIP **BOCA RATON FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

2nd V.P.
Eugene Blond
600 So. Ocean Blvd #304
Boca Raton FL 33432
☐ Change ☒ Addition

TITLE **PD** ☒ DELETE
NAME **VINCI, PHD THOMAS**
STREET ADDRESS **700 S OCEAN BLVD**
CITY-ST-ZIP **BOCA RATON FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Secretary
Patricia Neale
901 East Camino Real #118
Boca Raton FL 33432
☐ Change ☒ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

William Read
600 So. Ocean Blvd.
Boca Raton FL 33432
☐ Change ☒ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)