FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

/71

1. Corporation	NEN # / I/950 NDO, INC., A CONDOMINIU	(-)			
Principal Place	of Business	Mailing Address		L SQ (C.) 10 CQ 1 (10 C) 10 CQ 1 (10 C) 4 C) CQ 1	HE BOOM BIDLY BIRTH BIRTH BIRTH BIRTH HORT
300 E. ROYAL PALM ROAD BOCA RATON FL 33432		500 E. SPANISH RIVER BLVD SUITE 18			
US		BOCA RATON FL 33431-4558 US		3. Date incorporated or Qualified 01/27/1970	3a. Date of Last Report 04/08/1996
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-1288423	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc,		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip	Country 30	8. This corporation has liability for in Florida Statutes	stangible tax under s. 199.032, Yes No
24]	9. Name and Address of Current		[30]	10. Name and Address of New Reg	
81 Name					
MR ERNEST W WILLIS			82 Street	Address (P.O. Box Number Is Not Acceptable	e)
BEACON PROPERTY MANAGEMENT			<u> </u>	<u>'</u>	<u></u>
500 E. SPANISH RIVER BLVD #18			83		}
BOCA RATON FL 33431			84 City		FL 85 Zip Code
 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporative or registered agent, or both, in the State of Florida. Such change was authorized by the corporative agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. 				corporation submits this statement for the pu	
office or re	gistered agent, or both, in the State of	of Florida, Such change was	s authorized by the cor	poration's board of directors. I hereby accept	the appointment as registered
SIGNATURE	mamiliar with, and accept the obligat	1015 OI, GECTION 017.0000, I	i lorida Statutes.		
	Signature, typed or printed name of registered agent	t and title if applicable. (No	OTE: Registered Agent signature		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	DS WALTE BULV	☐ DELETE	1.1 TITLE	PD	Change Addition
NAME	WHITE, BILLY 300 E. ROYAL PALM RD.		1.2 NAME		ĺ
STREET ADDRESS	BOCA RATON FL.		1.3 STREET ADDRESS	}	
CITY-SI-ZIP TITLE	VID	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Molton College	TD Change X Addition
NAME	LAFRENIERE, TOM		2.2 NAME		10
STREET ADDRESS	300 E. ROYAL PALM ROAD		2.3 STREET ADDRESS	300 E. Royal Palm Road	#21A
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	D	K DELETE	3.1 TITLE	******	Change XAddition
NAME	WILLSON, WILLIAM	•	3.2 NAME	William Werpehowski	D
STREET ADDRESS	300 E ROYAL PALM RD		3.3 STREET ADDRESS	300 E. Royal Palm Road	#33B
CITY-ST-ZIP	BOCA RATON, FL 00000		3.4. CITY - ST - ZIP	Boca Raton, FL 33432	
TITLE	D	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BOURG, FLORENCE		4. 2 NAME	}	
STREET ADDRESS	300 E. ROYAL PALM ROAD		4.3 STREET ADDRESS	Ì	
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY - ST - ZIP		
TITLE	PD	X DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LEON, DR.		5.2 NAME	1	
STREET ADDRESS	300 E ROYAL PALM RD S24C		5.3 STREET ADDRESS	}	
CITY-ST-ZIP	BOCA RATON FL	DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	6.1 TITLE	}	☐ Change ☐ Addition
NAME CTOSET ADDRESS			6.2 NAME	(
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRESS	1	
	y certify that the information supplied	with this filing does not qua	6.4 City-St-ZiP alify for the exemption s	L 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 it 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.

FILED

Apr 09 1997 8:00am

Secretary of State