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Feb 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729569 (4)

1. Corporation Name

BOCA VILLAGE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1129 NW 13TH STREET
BOCA RATON FL 334861129 NW 13TH STREET
BOCA RATON FL 33486-2227

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/06/1974		3a. Date of Last Report 08/16/1996	
21		26		4. FEI Number 59-1626325		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of ~~Current~~ Registered AgentMARRAFFINO, LAWRENCE J P.A.
1900 GLADES RD., SUITE 240
BOCA RATON FL 33431

81 Name

MARRAFFINO, LAWRENCE J P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

10115 W. SAMPLE ROAD

83

CORAL SPRINGS, FL 33065

84 City

85 Zip Code

FL

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	1.1 TITLE	PD
NAME	ABRAMS, GERALDINE	1.2 NAME	MC GOVERN, SEAN
STREET ADDRESS	1149 N.W. 13TH ST. #7	1.3 STREET ADDRESS	1169 NW 13TH ST 5
CITY-ST-ZIP	BOCA RATON FL 33486	1.4 CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	VPD	2.1 TITLE	VPD
NAME	CHILDS, EVERETT	2.2 NAME	EVANS, DAVID
STREET ADDRESS	1089 N.W. 13TH ST. #1	2.3 STREET ADDRESS	1161 NW 13TH ST 4
CITY-ST-ZIP	BOCA RATON FL 33486	2.4 CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	TD	3.1 TITLE	TD
NAME	EVANS, DAVID	3.2 NAME	YOUNKER, KURT
STREET ADDRESS	1161 N.W. 13TH ST. #4	3.3 STREET ADDRESS	1149 NW 13TH ST 11
CITY-ST-ZIP	BOCA RATON FL 33486	3.4 CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	DS	4.1 TITLE	SD
NAME	LIGOCKI, TERRI	4.2 NAME	LIGOCKI, TERRI
STREET ADDRESS	1069 N.W. 13TH ST. #2	4.3 STREET ADDRESS	1069 NW 13TH ST 2
CITY-ST-ZIP	BOCA RATON FL 33486	4.4 CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	D	5.1 TITLE	D
NAME	WARREN, TRISH	5.2 NAME	ABRAMS, GERALDINE
STREET ADDRESS	1089 N.W. 13TH ST. #9	5.3 STREET ADDRESS	1149 NW 13TH ST 7
CITY-ST-ZIP	BOCA RATON FL 33486	5.4 CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE		6.1 TITLE	
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 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: DAVID K. EVANS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0044956

CR2E037 (9/96)