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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 1129 NW 13TH STREET BOCA RATON FL 33486	Mailing Address 1129 NW 13TH STREET BOCA RATON FL 33486
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3. Date Incorporated or Qualified 05/06/1974
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4. FEI Number 59-1626325	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent MARRAFFINO, LAWRENCE J P.A. 10115 W. SAMPLE ROAD CORAL SPRINGS FL 33085

10. Name and Address of New Registered Agent 81 Name Schper, Larry E., P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 750 S Dixie Hwy. 83 Boca Raton, Fl. 33431 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  (NOTE: Registered Agent signature required when reinstating) **Feb 1, 1998** DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABRAMS, GERALDINE 1149 N.W. 13TH ST. #7 BOCA RATON FL 33486 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EVANS, DAVID 1161 N.W. 13TH ST., #4 BOCA RATON FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EVANS, DAVID 1161 N.W. 13TH ST. #4 BOCA RATON FL 33486 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LIGOCKI, TERRI 1069 N.W. 13TH ST. #2 BOCA RATON FL 33486 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRAMS, GERALDINE 1149 N.W. 13TH ST., #7 BOCA RATON FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGOVERN, SEAN 1169 N.W. 13TH ST., #5 BOCA RATON FL <input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	SD ABRAMS, GERALDINE 1149 NW 13 ST -7 BOCA RATON, FL 33486 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	TD CHILDS, EVERETT 1089 NW 13 ST -1 BOCA RATON, FL 33486 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D FITZPATRICK, JULIA 1089 NW 13 ST -3 BOCA RATON, FL 33486 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	PD GLASSBERG, BETH 1149 NW 13 ST -9 BOCA RATON FL 33486 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	VD MELODY, LORRAINE 1089 NW 13 ST -2 BOCA RATON, FL 33486 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:  **Geraldine Abrams** **2/10/98** **(954) 975-9100**

CR2E037 (10/97)