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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90073 050 \*\*\*\*61.25

DOCUMENT # 729569

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/06/1974

4. FEI Number

59-1626325

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

SCHNER, LARRY E PA  
750 S DIXIE HWY  
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

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

TITLE SD ☒ DELETE

NAME ABRAMS, GERALDINE  
STREET ADDRESS 1149 N.W. 13TH ST. #7  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE TD ☐ DELETE

NAME CHILDS, EVERETT  
STREET ADDRESS 1089 NW 13TH ST -1  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE D ☒ DELETE

NAME FITZPATRICK, JULIA  
STREET ADDRESS 1089 NW 13TH ST -3  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE PD ☒ DELETE

NAME GLASSBERG, BETH  
STREET ADDRESS 1149 NW 13TH ST -9  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE VD ☒ DELETE

NAME MELODY, LORRAINE  
STREET ADDRESS 1089 NW 13TH ST -2  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD Dave Evans ☐ Change ☒ Addition

1.2 NAME 1161 NW 13TH ST  
1.3 STREET ADDRESS BOCA RATON, FL 33486  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME TERRI LIGOCKI  
3.3 STREET ADDRESS 1069 NW 13TH ST -2  
3.4 CITY-ST-ZIP BOCA RATON, FL 33486

4.1 TITLE DV ☐ Change ☒ Addition

4.2 NAME JANET STEVENS  
4.3 STREET ADDRESS 1081 NW 13TH ST -3  
4.4 CITY-ST-ZIP BOCA RATON, FL 33486

5.1 TITLE SD ☐ Change ☒ Addition

5.2 NAME SUSAN MARGOLIES  
5.3 STREET ADDRESS 1169 NW 13TH ST -7  
5.4 CITY-ST-ZIP BOCA RATON, FL 33486

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)