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Jun 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 730314 (2)  
1. Corporation Name  
BOCA TOWNE CENTRE OWNERS ASSOCIATION, INC.

APR 10 1997



Principal Place of Business Mailing Address  
450-650 SW 2ND AVE BOCA RATON FL 33432  
450-650 SW 2ND AVE BOCA RATON FL 33432-5924

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/30/1974		3a. Date of Last Report 02/13/1996	
21	22		23		4. FEI Number 59-1572921		Applied For Not Applicable
24		25		26		27	
28		29		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
31		32		33		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
34		35		36		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MILLER, ROBERT 450 SW 2ND AVENUE APT A-204 BOCA RATON FL 33432				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL		85 Zip Code	

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1479

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) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	SAME	
NAME	MILLER, ROBERT		1.2 NAME				
STREET ADDRESS	450 S.W. 2ND AVE. APT. 204		1.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33432		1.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	SAME	
NAME	CONNORS, RICHARD		2.2 NAME				
STREET ADDRESS	6390 WOODBURY ROAD		2.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	JOSEPH SCARANTINO	
NAME	<del>FLUET, BEATRICE</del>		3.2 NAME			650 SW 2 AVE	
STREET ADDRESS	650 SW 2ND AVE - E-138		3.3 STREET ADDRESS			BOCA RATON, FL. 33432	
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP				
TITLE	S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	JOH KOLBE	
NAME	<del>CAMPBELL, LORRAINE</del>		4.2 NAME			550 SW 2 AVE C224	
STREET ADDRESS	600 SW 2ND AVE D-138		4.3 STREET ADDRESS			BOCA RATON, FL 33432	
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP				
TITLE	T	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	DERON HALLER	
NAME	<del>SMITH, LOUIS</del>		5.2 NAME			600 SW 2 AVE #	
STREET ADDRESS	500 SW 2 AVENUE		5.3 STREET ADDRESS			BOCA RATON, FL. 33432	
CITY-ST-ZIP	BOCA RATON, FL 00000		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ 5/10/97 395-7463

CR2E037 (9/96)