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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730314

1. Corporation Name
BOCA TOWNE CENTRE OWNERS ASSOCIATION, INC.

Principal Place of Business 450-650 SW 2ND AVE BOCA RATON FL 33432	Mailing Address 450-650 SW 2ND AVE BOCA RATON FL 33432
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2. Principal Place of Business 21	2a. Mailing Address 28 <i>Greenhills Prop Mgmt</i>	3. Date Incorporated or Qualified 07/30/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <i>141 NW 20 St</i>	4. FEI Number 59-1572921
City & State 23	City & State 28 <i>BOCA RATON FL</i>	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29 <i>33431</i>	Country 30 <i>Palm Beach</i>

9. Name and Address of Current Registered Agent

MILLER, ROBERT
 450 SW 2ND AVENUE APT A-204
 BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name *Backer LAW Firm P.A.*
 82 Street Address (P.O. Box Number is Not Acceptable) *126 E BOCA RATON Rd*
 83
 84 City *BOCA RATON* FL 85 Zip Code *33432*

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 *KATH BACKER, President* DATE *4/24/99*

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MILLER, ROBERT
STREET ADDRESS	450 S.W. 2ND AVE. APT. 204
CITY-ST-ZIP	BOCA RATON FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CONNORS, RICHARD
STREET ADDRESS	6390 WOODBURY ROAD
CITY-ST-ZIP	BOCA RATON FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SCARATNTINO, JOSEPH
STREET ADDRESS	650 S.W. 2 AVE
CITY-ST-ZIP	BOCA RATON FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>Rick Murphy</i>
1.3 STREET ADDRESS	<i>550 SW 2nd Ave</i>
1.4 CITY-ST-ZIP	<i>BOCA RATON FL 33432</i>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>JERRY LIGNON</i>
2.3 STREET ADDRESS	<i>2600 Spanish River Rd</i>
2.4 CITY-ST-ZIP	<i>BOCA RATON FL 33432</i>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>LUCY ABREU</i>
3.3 STREET ADDRESS	<i>550 SW 2nd Ave</i>
3.4 CITY-ST-ZIP	<i>BOCA RATON FL 33432</i>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<i>IMO BRETELS</i>
4.3 STREET ADDRESS	<i>14388 SW 9th Street</i>
4.4 CITY-ST-ZIP	<i>MIAMI FL 33186</i>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<i>Catherine Kanipe</i>
5.3 STREET ADDRESS	<i>500 SW 2nd Ave # 119</i>
5.4 CITY-ST-ZIP	<i>BOCA RATON FL 33432</i>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* DATE: *4/24/99*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)