

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 730766 (3)

1. Corporation Name

BOCA LINDA NORTH ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1241 NORTHWEST 13 STREET
 BOCA RATON FL 33486

P O BOX 634233
 MARGATE FL 33063
 US

3. Date Incorporated or Qualified: 09/24/1974
 3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25
 2a. Mailing Address
 26 Prime Mgmt
 Suite, Apt. #, etc.
 27 6300 Park of Commerce
 City & State
 28 Boca Raton
 Zip Country
 29 FL 33487 30 PBC

4. FEI Number: 59-1918423
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE QUORUM GROUP
 29257 ST RD 7
 SUITE 202-B
 BOCA RATON FL 33420

Prime Management
 6300 Park of Commerce
 Boca Raton

81 Name: Prime Management
 82 Street Address (P.O. Box Number is Not Acceptable): 6300 Park of Commerce
 83 City: Boca Raton
 84 City: Boca Raton
 85 Zip Code: FL 33487

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 617.0403, Florida Statutes.

SIGNATURE: Eugene C. Gagliardi

(NOTE: Registered Agent signature required when reinstating)

DATE:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DENT, JOHN P.	
STREET ADDRESS	1251 NW 13TH ST	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	TROTTA, GENE	
STREET ADDRESS	1231 NW 13TH ST.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WESLEY, STALL	
STREET ADDRESS	1251 NW 13TH ST	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SRP	<input type="checkbox"/> DELETE
NAME	GAGLIARDI, EUGENE	
STREET ADDRESS	1251 MW 13TH ST	
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		

1.1 TITLE	V. President/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Sam Rossi	
1.3 STREET ADDRESS	1231 NW 13 St	
1.4 CITY-ST-ZIP	Boca Raton, FL	
2.1 TITLE	Secy/Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sal Capano	
2.3 STREET ADDRESS	1251 NW 13 St	
2.4 CITY-ST-ZIP	BOCA RATON, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	President/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Eugene Gagliardi	
4.3 STREET ADDRESS	1251 NW 13 St	
4.4 CITY-ST-ZIP	BOCA RATON	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	400001864544	
6.3 STREET ADDRESS	-06/18/96--01010--058	
6.4 CITY-ST-ZIP	***61.25	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Eugene C. Gagliardi
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

05 11/7/96

CR2E037 (12/95)