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Mar 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
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

C/O PRIME MGMT  
6300 PARK OF COMMERCE  
BOCA RATON FL 33487-8229

3. Date Incorporated or Qualified  
09/24/1974

3a. Date of Last Report  
06/17/1996

2. Principal Place of Business

2a. Mailing Address

21 1241 NW 13 ST.

26 NORTHSTAR PROP. MGMT.

4. FEI Number  
59-1918423

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22 BOCA RATON, FL.  
City & State

Suite, Apt. #, etc.  
27 PO. BOX 4068  
City & State

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Zip  
24 33486

Country  
25 USA

28 DEERFIELD BEACH, FL  
Zip  
29 33442-4068

Country  
30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

PRIME MANAGEMENT  
6300 PARK OF COMMERCE  
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name  
NORTHSTAR PROPERTY MANAGEMENT  
82 Street Address (P.O. Box Number is Not Acceptable)  
661 HOLLOWES CIRCLE  
83 DEERFIELD BEACH  
84 City  
FL 85 Zip Code  
33442

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: *Paul H. Levine* PAUL H. LEVINE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ROSSI, SAM	
STREET ADDRESS	1231 NW 13TH ST	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	CABANO, SAL	
STREET ADDRESS	1251 NW 13TH ST.	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	PD	<input checked="" 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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	COSMO COLOZZO	
1.3 STREET ADDRESS	1231 NW 13 ST #466	
1.4 CITY - ST - ZIP	BOCA RATON, FL 33486	
2.1 TITLE	SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NICK TRICCO	
2.3 STREET ADDRESS	1271 NW 13 ST. #357	
2.4 CITY - ST - ZIP	BOCA RATON, FL 33486	
3.1 TITLE	TREA.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JANE WILSON	
3.3 STREET ADDRESS	1231 NW 13 ST. #272	
3.4 CITY - ST - ZIP	BOCA RATON, FL. 33486	
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JEAN HARTMAN	
4.3 STREET ADDRESS	1291 NW 13 ST. #343	
4.4 CITY - ST - ZIP	BOCA RATON, FL. 33486	
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		
6.3 STREET ADDRESS		
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: *Jean W. Hartman* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 28, 1997

Daytime Phone # 0045140

CR2E037 (9/96)