

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90114 015 ****61.25

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1. Corporation Name

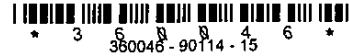
COURTSIDE AT BOCA WEST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

23123 STATE ROAD 7
SUITE 350A
BOCA RATON FL 33428
US

PO BOX 97-0069
P. O. BOX 97-0069
BOCA RATON FL 33497-0069
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

02/23/1977

22 City & State

27 City & State

4. FEI Number

59-1797531

Applied For
Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PALOMBI, GARY
23123 STATE ROAD 7
SUITE 350A
BOCA RATON FL 33428

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME ROGIN, LEO
STREET ADDRESS 21664 CLUB VILLA TERR
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE S/D
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME SCHWALM, WILLIAM
STREET ADDRESS 13 BREANNA CRT
CITY-ST-ZIP WILLOWDALE ON M2H3N

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD
NAME PSIRIS, JOHN
STREET ADDRESS 41 CUMBERLAND DR
CITY-ST-ZIP LINCOLNSHIRE IL

3.1 TITLE T/D
3.2 NAME John Psiris
3.3 STREET ADDRESS 20249 Boca West Dr # 2603
3.4 CITY-ST-ZIP Boca Raton, FL

TITLE P
NAME WEISS, GARY
STREET ADDRESS 1 PEPPERIDGE RD
CITY-ST-ZIP NEW YORK NY

4.1 TITLE P/D
4.2 NAME Gary Weiss
4.3 STREET ADDRESS 20273 Boca West Dr # 2306
4.4 CITY-ST-ZIP Boca Raton, FL

TITLE SD
NAME CUZZONE, CHERYL
STREET ADDRESS 20313 BOCA WEST DRIVE, #1701
CITY-ST-ZIP BOCA RATON FL

5.1 TITLE V/D
5.2 NAME Cheryl Cuzzone
5.3 STREET ADDRESS 20337 Boca West Dr #1802
5.4 CITY-ST-ZIP Boca Raton, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 REQUIRED

4-12-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)