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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 738155

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

360046 - 90114 - 15

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/23/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1797531 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE	S/D	☐ Change ☐ Addition
NAME	ROGIN, LEO		1.2 NAME		
STREET ADDRESS	21664 CLUB VILLA TERR		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCHWALM, WILLIAM		2.2 NAME		
STREET ADDRESS	13 BREANNA CRT		2.3 STREET ADDRESS		
CITY-ST-ZIP	WILLOWDALE ON M2H3N		2. 4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE	T/D	☐ Change ☐ Addition
NAME	PSIRIS, JOHN		3.2 NAME	John Psiris	
STREET ADDRESS	41 CUMBERLAND DR		3.3 STREET ADDRESS	20249 Boca West Dr # 2603	
CITY-ST-ZIP	LINCOLNSHIRE IL		3.4. CITY-ST-ZIP	Boca Raton, FL	
TITLE	P	☐ DELETE	4.1 TITLE	P/D	☐ Change ☐ Addition
NAME	WEISS, GARY		4. 2 NAME	Gary Weiss	
STREET ADDRESS	1 PEPPERIDGE RD		4.3 STREET ADDRESS	20273 Boca West Dr # 2306	
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP	Boca Raton, FL	
TITLE	SD	☐ DELETE	5.1 TITLE	V/D	☐ Change ☐ Addition
NAME	CUZZONE, CHERYL		5.2 NAME	Cheryl Cuzzone	
STREET ADDRESS	20313 BOCA WEST DRIVE, #1701		5.3 STREET ADDRESS	20337 Boca West Dr #1802	
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP	Boca Raton, FL	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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)