## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 20 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

740921

(2)

BOCA TIERRA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address						- 2 1000111 10011 01011 00110 10110 11001		01414 01511 TIGII	1000 0000 000
P.O. BOX 6207 BOCA RATON FL 33427-6207		P.O. BOX 6207 BOCA RATON FL 33427							
						3. Date Incorporated or Qualified 11/30/1977	3a. [	Date of Last f 02/21/1	
21	ace of Business	2a. Mailing Address 26			4. FEI Number 59-1938443			applied For lot Applicable	
Sulte, Apt.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired			Additional Required
City & State		City & State	28			6. Election Campaign Financing \$5.00 May Be Added to Fees			
Zip 24	Country	Zip	Cour	ntry		8. This corporation has liability for i			s. 199.032,
24]	25 9. Name and Address of Currer	29 Anna Ament	30			Florida Statutes  10. Name and Address of New Re	Yes		
					Name	IV. Hame and Address of New No.	hatelet	Agent	
NODTU	OLODIA O ESOLUDE			81	TTAINE				
NORTH, GLORIA O., ESQUIRE NORTHERN TRUST PLAZA			ĺ	82	Street Addre	ss (P.O. Box Number is Not Acceptab	ie)		
301 YAMATO RD STE 4120				83					
	RATON FL 33431		: [	0.4	City			Table 9	01.
			:	84		•	FI	<b>L</b>     `	Code
11. Pursuant	to the provisions of Sections 617.050	J2 and 617.1508, Florida Statut	es, the ab	OVE	named corpo	oration submits this statement for the p	urpose	of changing i	its registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 617.0503, Fi	orida Statı	utes	i.	on's board of directors. I hereby accep	t trie ap	politiment as	s registered
SIGNATURE			· · · · · · · · · · · · · · · · · · ·						
12,	Signature, typed or printed name of registered age	ont and this it applicable. (NOT ID DIRECTORS	E: Registèred	Age	ent signature require	d whon reinstating)  ADDITIONS/CHANGES 10 OF FIC	DATE	ID EVIDE OT A	TIC INL 10
TITLE	· SD	DELETE	1.1 10	l F		ADDITIONS/GHANGES TO OFFIC	EU9 VIII	Change	
NAME	MATTLIN, BOBBIE		1.2 NA						
STREET ADDRESS 4299 NW 26TH COURT			1.3 STREET AL		ADDRESS	· .			
CITY-ST-ZIP	BOCA RATON, FL 00000	1.4 CI		Y-5	T-ZIP				
TITLE	TD DELET		2.1 TITLE					Change	Addition
NAME	NORTH, DENNIS		2.2 NA						
STREET ADDRESS	3976 NW 27TH AVE	2.3 STRF		REE1	ADDRESS				
CITY-ST-ZIP	BOCA RATON, FL 00000	D prosts	2.4 CITY - ST-ZIP		ST- ZIP				
TITLE	· •		3.1 717					Change	☐ Addition
NAME STREET ADDRESS	EARA AND OFFIL OF		3.2 NA						
CITY-ST-ZIP	BOOA BATON EL AGOGO				ADDRESS				
TITLE			3.4, CI 4.1 III		71- ZIP			Change	Addition
NAME	SIEGEL, STUART		4. 2 NAME						residen
STREET ADDRESS	2790 NW 44TH STREET	•	4.3 STREE		ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 440		4.4 CI1		<b>I</b>				
TITLE	VPD	DELETE 5.1		LE				Change	Addition
NAME	AAAA ARAI AATII AT			5.2 NAME					
STREET ADDRESS	4299 NW 26TH CT		5.3 ST	REET	ADDRESS				
CITY-ST-ZIP	BOCA RATON FL	T Drusse	5.4 CIT	·	1- ZIP				
TITLE		☐ DELETE	6.1[717					Change	☐ Addition
NAME			6.2 NA						
STREET ADDRESS			6.3 STF	REET	ADDRESS				

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 i changed, or or an attachment with an address.