SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $205)

NONPROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
1995 AUG -2 AM 9: 18
TALLAHASSEE, FLORIDA

DOCUMENT # 744559 (6)

1. Corporation Name
BOCA RANCHO HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business: %CAS Management 951 Broken Sound Pky ~~%STOLTZ MANAGEMENT CO 301 YAMATO RD #4199~~ BOCA RATON FL ~~33431~~ 33487

Mailing Address: %STOLTZ MANAGEMENT CO 301 YAMATO RD #4199 BOCA RATON FL 33431 — Same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/12/1978	3a. Date of Last Report: 05/01/1994	
4. FEI Number: 59-1917659		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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐		FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No		

2. Principal Place of Business	2a. Mailing Address
21 % CAS Management 951 Broken Sound Pkwy	26 % CAS Management 951 Broken Sound Pkwy
22 Suite, Apt. #, etc.: 260	27 Suite, Apt. #, etc.: 260
23 City & State: Boca Raton Fl	28 City & State: Boca Raton
24 Zip: 33487 / 25 Country: P. Beach	29 Zip: 33487 / 30 Country: P Beach

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~STOLTZ, RANDY M.~~	81 Name: Joel Messinger
~~301 YAMATO RD #4199~~	82 Street Address (P.O. Box Number is Not Acceptable): 951 Broken Sound Pkwy
~~BOCA RATON FL 33431~~	83 Suite 250
	84 City: Boca Raton FL 85 Zip Code: 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 617.0503, Florida Statutes.

SIGNATURE: Joel Messinger [signature] (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 7/6/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	P/D ☐ Change ☒ Addition
NAME	~~MITCHELL, ROBERT~~	1 2 NAME	Gary Nurkiewicz
STREET ADDRESS	~~301 YAMATO RD #4199~~	1 3 STREET ADDRESS	22220 D Boca Rancho DR
CITY-ST-ZIP	~~BOCA RATON FL~~	1 4 CITY-ST-ZIP	Boca Raton Fl 33428
TITLE	DV	2 1 TITLE	VP/D ☐ Change ☒ Addition
NAME	~~STOLTZ, RANDY M.~~	2 2 NAME	Jim Laveoli
STREET ADDRESS	~~301 YAMATO RD #4199~~	2 3 STREET ADDRESS	22176 A Boca Rancho DR
CITY-ST-ZIP	~~BOCA RATON FL~~	2 4 CITY-ST-ZIP	Boca Raton Fl 33428
TITLE	TD	3 1 TITLE	John Dial VP/D ☐ Change ☒ Addition
NAME	~~JONES, ELIZABETH~~	3 2 NAME	22169 B Boca Rancho DR
STREET ADDRESS	22246-D BOCA RANCHO-D	3 3 STREET ADDRESS	Boca ~~Rancho DR~~ Raton Fl 33428
CITY-ST-ZIP	~~BOCA RATON FL~~	3 4 CITY-ST-ZIP	
TITLE	DS	4 1 TITLE	T/D ☐ Change ☒ Addition
NAME	~~CARROS, JASON R~~	4 2 NAME	Domonic Servedio
STREET ADDRESS	~~301 YAMATO RD #4199~~	4 3 STREET ADDRESS	22244 C Boca Rancho DR
CITY-ST-ZIP	~~BOCA RATON FL~~	4 4 CITY-ST-ZIP	Boca Raton, Fl 33428
TITLE		5 1 TITLE	S/D ☐ Change ☐ Addition
NAME		5 2 NAME	Lee Davis
STREET ADDRESS		5 3 STREET ADDRESS	22196 D Boca Rancho DR
CITY-ST-ZIP		5 4 CITY-ST-ZIP	Boca Raton, Fl 33428
TITLE		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 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: [signature] (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: 7/25/95 Daytime Phone: 407 ~~241-0320~~ 994-1788

CR2E037 (3/95)

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