

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 751103 (3)
 1. Corporation Name
BOSTON PLAZA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 6801 INDIAN CREEK DRIVE MIAMI BEACH FL 33141	Mailing Address 6801 INDIAN CREEK DRIVE MIAMI BEACH FL 33141
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3. Date Incorporated or Qualified
02/19/1980

4. FEI Number
59-2115109

Applied For
 Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 22	City & State 27
Zip 23	Zip 28
Country 24	Country 30

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

MARLENE LEON-RUBIDO, EQUIRE
9990 S.W. 77 AVE., PH4A
MIAMI FL 33158

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BAKAL, JACK	
STREET ADDRESS	5801 INDIAN CREEK DRIVE #709	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILSON, RONNIE	
STREET ADDRESS	6801 INDIAN CREEK DRIVE #504	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KISSEL, PHYLLIS	
STREET ADDRESS	6801 INDIAN CREEK DRIVE, #501	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBLES, NESTOR	
STREET ADDRESS	6801 INDIAN CREEK DRIVE, #308	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROQUE, AUGUSTO	
STREET ADDRESS	6801 INDIAN CREEK DRIVE, #208	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PIERNO, JIMMY	
STREET ADDRESS	6801 INDIAN CREEK DRIVE #701	
CITY-ST-ZIP	MIAMI BEACH FL 33141	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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: _____ DATE: **3/4/98** DAYTIME PHONE # **866 0607**

CR2E037 (10/97)