


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 22, 1999 8:00 am
Secretary of State

09-22-1999 90007 011 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 751103

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

6 618568-90007-11



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	City & State	27	City & State	59-2115109	Not Applicable
23	Zip	28	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MARLENE LEON-RUBIDO, EQUIRE 9990 S.W. 77 AVE., PH4A MIAMI FL 33156				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
				NORTH MIAMI BEACH FL			33162-6044

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: William H. Cove, Jr., Vice President DATE: 9/17/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAKAL, JACK	1.2 NAME	DANIEL PIERNO
STREET ADDRESS	5801 INDIAN CREEK DRIVE #709	1.3 STREET ADDRESS	6801 INDIAN CREEK DRIVE
CITY-ST-ZIP	MIAMI BEACH FL 33141	1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	TD DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, RONNIE	2.2 NAME	GONZALO AGUIRRE
STREET ADDRESS	6801 INDIAN CREEK DRIVE #504	2.3 STREET ADDRESS	6801 INDIAN CREEK DR.
CITY-ST-ZIP	MIAMI BEACH FL 33141	2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KISSEL, PHYLLIS	3.2 NAME	
STREET ADDRESS	6801 INDIAN CREEK DRIVE, #501	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	3.4 CITY-ST-ZIP	
TITLE	D DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBLES, NESTOR	4.2 NAME	ROSA TORRES
STREET ADDRESS	6801 INDIAN CREEK DRIVE, #308	4.3 STREET ADDRESS	6801 INDIAN CREEK DR.
CITY-ST-ZIP	MIAMI BEACH FL 33141	4.4 CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	D DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROQUE, AUGUSTO	5.2 NAME	SYLVIA WINKLER
STREET ADDRESS	6801 INDIAN CREEK DRIVE, #208	5.3 STREET ADDRESS	6801 INDIAN CREEK DR.
CITY-ST-ZIP	MIAMI BEACH FL 33141	5.4 CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	D DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIERNO, JIMMY	6.2 NAME	ALEJANDRO MOREJON
STREET ADDRESS	6801 INDIAN CREEK DRIVE #701	6.3 STREET ADDRESS	6801 INDIAN CREEK DR.
CITY-ST-ZIP	MIAMI BEACH FL 33141	6.4 CITY-ST-ZIP	MIAMI BEACH, FL 33141

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: PAIGNA DUFF REQUIE (President) DATE: 9/16/99 DAYTIME PHONE #: 305 864 7384

CR2E037 (5/99)