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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:26

DOCUMENT # 751431 (8)

1. Corporation Name
BOCA WOODS PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6421 CONGRESS AVENUE #100 P.O. BOX 27-2310 BOCA RATON FL 33487-2833	C/O LANG MANAGEMENT COMPANY 5295 TOWN CENTER RD. STE.200 BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1980
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-2139511 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 5295 Town Center Rd	26 5295 Town Center RD
Suite, Apt. #, etc. 22 Suite 200	Suite, Apt. #, etc. 27 Suite 200
City & State 23 Boca Raton, FL	City & State 28 Boca Raton FL
Zip / Country 24 33486 / 25 USA	Zip / Country 29 33486 / 30 USA

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 ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PALOMBI, GARY 6421 CONGRESS AVE #100 BOCA RATON FL 33487	81 Name: William K. Isaacson 82 Street Address (P.O. Box Number is Not Acceptable): 5295 Town Center Rd, Suite 200 83 Boca Raton 84 City: FL 85 Zip Code: 33486

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] William K. Isaacson 1-23-95
Signature, Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~VD~~	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	~~THILEM, ARTHUR~~	1.2 NAME	Heuman, John	
STREET ADDRESS	~~11151 CLOVER LEAF CIR~~	1.3 STREET ADDRESS	11090 Clover Leaf Circle	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Boca Raton, FL 33428	
TITLE	~~DP~~	2.1 TITLE	DP	☒ Change ☐ Addition
NAME	~~MEHLMAN, MARVIN~~	2.2 NAME	MEHLMAN, MARVIN	
STREET ADDRESS	21034 COTTONWOOD DR	2.3 STREET ADDRESS	21034 Cottonwood Dr	
CITY-ST-ZIP	~~BOCA RATON, FL 00000 33428~~	2.4 CITY-ST-ZIP	Boca Raton FL 33428	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	LEVINSON, STANLEY	3.2 NAME		
STREET ADDRESS	11171 HIGHLAND CIRCLE	3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	ROTHMAN, NEWTON	4.2 NAME		
STREET ADDRESS	11194 BOCA WOODS LN	4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP		
TITLE	~~SD~~	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	~~KESSLER, BERNARD~~	5.2 NAME	CRANE, HERBERT	
STREET ADDRESS	~~16507 BOCA WOODS LANE~~	5.3 STREET ADDRESS	11246 CLOVER LEAF CIRCLE	
CITY-ST-ZIP	~~BOCA RATON FL~~	5.4 CITY-ST-ZIP	Boca Raton, FL 33428	
TITLE	~~D~~	6.1 TITLE		☐ Change ☐ Addition
NAME	~~HEUMAN, JOHN~~	6.2 NAME		
STREET ADDRESS	~~11090 CLOVER LEAF CIRCLE~~	6.3 STREET ADDRESS		
CITY-ST-ZIP	~~BOCA RATON FL~~	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] MARVIN MEHLMAN (407) 750-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013448