FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

751431

(8)

Mailing Address

BOCA WOODS PROPERTY OWNERS' ASSOCIATION, INC.

SUITE 200	I CENTER RD ON FL 33486	5295 TOWN CENTER RD SUITE 200 BOCA RATON FL 33486 US			3. Date Incorporated or Qualified 03/07/1980	3a. Date of Last Report 03/24/1995
21	Place of Business	2a. Mailing Address			4. FEI Number 59-2139511	Applied For Not Applicable
27		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	V-10.	Oity & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7ip 24	25 29 30		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent
			81	Name		
ISAACSON, WILLIAM K 5295 TOWN CENTER RD			82	Street	Address (P.O. Box Number is Not Acceptable	3)
SUITE 200			83			
	RATON FL 33486		84	City		FL 85 Zip Code
or registe	to the provisions of Sections 617.0502 ared agent, or both, in the State of Florid with, and accept the obligations of, Section	a. Such change was authorized	, the above-r d by the corp	named o oration's	orporation submits this statement for the purp board of directors. I hereby accept the appoi	ose of changing its registered office nament as registered agent. I am
SIGNATURE						
45	Signature, typod or printed name of registered agent a			il signature	required when reinstating)	DATE
12.	OFFICERS AND		13.	<u>.</u>	ADDITIONS/CHANGES TO OFFICE	
TITLE	VD	□ DELETE	1.1 TITLE		PP	Change Addition
NAME	HEUMAN, JOHN		1.2 NAME		HELMAN, JOHN	•
STREET ADDRESS	11090 CLOVER LEAF CIRCLE		1.3 STREET	ADDRESS	11090 CLOVER LYAF CH	
CITY-ST-ZIP	BOCA RATON FL	FIREST	1.4 CITY - S	T-ZIP	BOLA RATION PL 334	28
TITLE	DP	DELETE	2.1 TITLE		₩ ⊅	Change Addition
NAME	METKMAN, MARVIN		2.2 NAME		MEHLMAN, MARVIN	<i>i</i>
STREET ADDRESS	21034 COTTONWOOD DRI		2.3 STREET		21034 COTTONWOOD DA	
CITY-ST-ZIP	BOCA RATON, FL 00000	Fabrusts	2. 4 CITY-	ST-ZIP	BOCA RATON FL	33428
TIFLE	TD	DELETE	3 1 TITLE			Change Addition
NAME	LEVINSON, STANLEY		32 NAME			
STREET ADDRESS	11171 HIGHLAND CIRCLE		3 3 STREET			
CITY-S1-ZIP TITLE	BOCA RATON FL	MOELETE	3.4. CITY-5	ST-ZIP	VD	(Fa)
NAME	DOTUMAN NEWTON	רוסניננונ	41 TITLE		Campiana an Almander Och	Change Addition
	ROTHMAN, NEWTON 11194 BOCA WOODS LN		4 2 NAME		11194 BOCA WOOD THE	5 LA
STREET ADORESS	BOCA RATON FL		4.3 STREET		BOLA RATON FL 33	42.B
CITY - ST - ZIP TITLE	SD SD	₩ DELETE	4.4 CITY-S 5.1 TITLE	T-ZIP		
NAME	CRANE, HERBERT	Carrette.			S.D.	Change Addition
STREET ADDRESS	11246 CLOVER LEAF CIRCLE		5.2 NAME	1000000	AUGUST, ROBERT	04
	BOCA RATON FL		5.3 STREET		10255 SUNSET BENO	
CITY-ST-ZIP TITLE	DOUG TATON FL	DELETE	5.4 CHTY-S 6.1 TITLE	I-ZIP	BOLD RATON FL 3	
NAME		Filotreit	6.1 THE			Change Addition
STREET ADDRESS				ADODECC		
			6.3 STREET			
CITY - ST - ZIP	by and his that the information a unaliad up	tale about different to the first of the court	64 CITY-S	T-ZIP	 	

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 of 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 chapter 617 and that my name appears in Block 12 or Block 13 if chapter 617.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR