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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **751431** **(8)**

1. Corporation Name

BOCA WOODS PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5295 TOWN CENTER RD SUITE 200 BOCA RATON FL 33486 US	5295 TOWN CENTER RD SUITE 200 BOCA RATON FL 33486-1088 US

3. Date Incorporated or Qualified: 03/07/1980
3a. Date of Last Report: 02/09/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22 / 27:
City & State — 23 / 28:
Zip — 24 / 29:
Country — 25 / 30:

4. FEI Number: 59-2139511 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

ISAACSON, WILLIAM K
5295 TOWN CENTER RD
SUITE 200
BOCA RATON FL 33486

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HEUMAN, JOHN		1.2 NAME		
STREET ADDRESS	11090 CLOVER LEAF CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	MEHLMAN, MARVIN		2.2 NAME	ROTHMAN, NEWTON	
STREET ADDRESS	21034 COTTONWOOD DRI		2.3 STREET ADDRESS	11194 BOCA WOODS LA	
CITY-ST-ZIP	BOCA RATON, FL 00000		2.4 CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	TD	☐ DELETE	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	VD	☐ DELETE	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	ROTHMAN, NEWTON		4.2 NAME	RABACH, SEYMOUR	
STREET ADDRESS	11194 BOCA WOODS LN		4.3 STREET ADDRESS	10400 SUNSET BEND DR	
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	SD	☐ DELETE	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	AUGUST, ROBERT		5.2 NAME	ALBERT, SHERIDAN	
STREET ADDRESS	10255 SUNSET BEND DRIVE		5.3 STREET ADDRESS	10622 BOCA WOODS LA	
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: JOHN HEUMAN PRES 3-7-97 (561) 750-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0045040