

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 13 1997 8:00am
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 5295 TOWN CENTER RD SUITE 200 BOCA RATON FL 33486 US	Mailing Address 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
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	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and title if applicable.

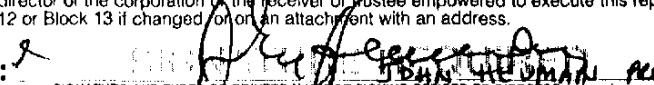
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	PD HEUMAN, JOHN
STREET ADDRESS	11090 CLOVER LEAF CIRCLE
CITY - ST - ZIP	BOCA RATON FL
TITLE	☐ DELETE
NAME	D MEHLMAN, MARVIN
STREET ADDRESS	21034 COTTONWOOD DRI
CITY - ST - ZIP	BOCA RATON, FL 00000
TITLE	☐ DELETE
NAME	TD LEVINSON, STANLEY
STREET ADDRESS	11171 HIGHLAND CIRCLE
CITY - ST - ZIP	BOCA RATON FL
TITLE	☐ DELETE
NAME	VD ROTHMAN, NEWTON
STREET ADDRESS	11194 BOCA WOODS LN
CITY - ST - ZIP	BOCA RATON FL
TITLE	☐ DELETE
NAME	SD AUGUST, ROBERT
STREET ADDRESS	10255 SUNSET BEND DRIVE
CITY - ST - ZIP	BOCA RATON FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	VD ROTHMAN, NEWTON
2.3 STREET ADDRESS	11194 BOCA WOODS LA
2.4 CITY - ST - ZIP	BOCA RATON FL 33428
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	VD RABACH, SEYMOUR
4.3 STREET ADDRESS	10400 SUNSET BEND DR
4.4 CITY - ST - ZIP	BOCA RATON FL 33421
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	SD ALBERT, SHERIDAN
5.3 STREET ADDRESS	10622 BOCA WOODS LA
5.4 CITY - ST - ZIP	BOCA RATON FL 33428
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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:  **ISAACSON, WILLIAM K.** 3-7-97 (561) 750-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0045040

CR2E037 (9/96)