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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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3. Date Incorporated or Qualified 03/07/1980	
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
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent ISAACSON, WILLIAM K 5295 TOWN CENTER RD SUITE 200 BOCA RATON FL 33486	
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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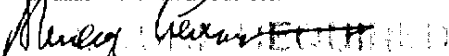
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD ☐ DELETE
NAME	HEUMAN, JOHN
STREET ADDRESS	11090 CLOVER LEAF CIRCLE
CITY-ST-ZIP	BOCA RATON FL
TITLE	D ☐ DELETE
NAME	ROTHMAN, NEWTON
STREET ADDRESS	11194 BOCA WOODS LA
CITY-ST-ZIP	BOCA RATON, FL 00000
TITLE	TD ☐ DELETE
NAME	LEVINSON, STANLEY
STREET ADDRESS	11171 HIGHLAND CIRCLE
CITY-ST-ZIP	BOCA RATON FL
TITLE	VD ☐ DELETE
NAME	RABACH, SEYMOUR
STREET ADDRESS	10400 SUNSET BEND DR
CITY-ST-ZIP	BOCA RATON FL
TITLE	SD ☐ DELETE
NAME	ALBERT, SHERIDAN
STREET ADDRESS	10622 BOCA WOODS LA
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	PRESIDENT ☒ Change ☐ Addition
1.2 NAME	ALBERT, SHERIDAN (D)
1.3 STREET ADDRESS	10622 BOCA WOODS LANE
1.4 CITY-ST-ZIP	BOCA RATON, FL 33428
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	SECRETARY ☒ Change ☐ Addition
5.2 NAME	MODANSKY, JUDAH (D)
5.3 STREET ADDRESS	10272 SUNSET BEND DR.
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 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: 

CR2E037 (10/97)