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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751431

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 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/07/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2139511 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	PD ☒ Change ☐ Addition
NAME	ALBERT, SHERIDAN		1.2 NAME	JOHN HEUMAN
STREET ADDRESS	10622 BOCA WOODS LANE		1.3 STREET ADDRESS	11090 CLOVER LEAF CIR
CITY-ST-ZIP	BOCA RATON FL 33428		1.4 CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	D	☒ DELETE	2.1 TITLE	D ☒ Change ☐ Addition
NAME	ROTHMAN, NEWTON		2.2 NAME	GEORGE HOFFMAN
STREET ADDRESS	11194 BOCA WOODS LA		2.3 STREET ADDRESS	11162 CLOVER LEAF CIR
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	RABACH, SEYMOUR		4.2 NAME	ARTHUR THILEM
STREET ADDRESS	10400 SUNSET BEND DR		4.3 STREET ADDRESS	11151 CLOVER LEAF CIR
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	MODANSKY, JUDAH		5.2 NAME	MURRAY STOCK
STREET ADDRESS	10272 SUNSET BEND DR		5.3 STREET ADDRESS	21358 GREEN HILL LANE
CITY-ST-ZIP	BOCA RATON FL 33428		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 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/9/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #