

**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 # 754222 (8)

1. Corporation Name  
**THE PINES OF BOCA BARWOOD II CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: % CREST PROPERTY MGMT, PO BOX 452347, SUNRISE FL 33345, US  
Mailing Address: % CREST PROPERTY MGMT, PO BOX 452347, SUNRISE FL 33345, US

3. Date Incorporated or Qualified: 09/18/1980  
3a. Date of Last Report: 04/10/1995

2. Principal Place of Business (21-23)  
2a. Mailing Address (26-28)  
24. Zip, 25. Country, 29. Zip, 30. Country

4. FEI Number: 59-2095445  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$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: CREST PROPERTY MGMT, 4700 HIATUS ROAD #156, SUNRISE FL 33351  
10. Name and Address of New Registered Agent (81-85)

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: Dolores Canache, Agent (NOTE: Registered Agent signature required when reinstating)  
DATE: 4/2/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAVITZ, DOROTHY	1.2 NAME	
STREET ADDRESS	23345 CAROLWOOD LN APT 5407	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	<del>SD</del>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZENNER, MAX	2.2 NAME	D
STREET ADDRESS	23344 CAROLWOOD LN APT 6401	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	<del>VPD</del>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>ELVING, RON</del>	3.2 NAME	
STREET ADDRESS	<del>23344 CAROLWOOD LANE #6301</del>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<del>BOCA RATON FL</del>	3.4 CITY-ST-ZIP	
TITLE	<del>PD</del>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLUTSKY, IRVING	4.2 NAME	VP/D
STREET ADDRESS	23344 CAROLWOOD LANE #6508	4.3 STREET ADDRESS	SLUTSKY, IRVING
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	P D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEONARD Kuhn	5.2 NAME	
STREET ADDRESS	23344 Carolwood Lane	5.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	TID
STREET ADDRESS		6.3 STREET ADDRESS	Ruth Hareluk
CITY-ST-ZIP		6.4 CITY-ST-ZIP	23344 Carolwood Lane Boca Raton FL

14. 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 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: [Signature] Pres  
DATE: 4/2/96  
FILING FEE: \$61.25

CR2E037 (12/95)