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Apr 15 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 # 754222 (8)
1. Corporation Name
THE PINES OF BOCA BARWOOD II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 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 04/11/1996

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 25 29 30

4. FEI Number 59-2095445 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
CREST PROPERTY MGMT
4700 HIATUS ROAD
#156
SUNRISE FL 33351

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 *Donald R. Castagno* DONALD R. CASTAGNO 4/6/97
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?	
TITLE	SD	1.1 TITLE	VP VP
NAME	KRAVITZ, DOROTHY	12 NAME	Betty KAUFMAN
STREET ADDRESS	23345 CAROLWOOD LN APT 5407	13 STREET ADDRESS	23345 Carol wood LANE 5-404
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	Boca Raton FL 33428
TITLE	D	2.1 TITLE	T D Isaacs
NAME	ZENNER, MAX	2.2 NAME	IZZY STEIN
STREET ADDRESS	23344 CAROLWOOD LN APT 640T	2.3 STREET ADDRESS	23344 Carol wood Lane #6-202
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	BOCA RATON FL 33428
TITLE	VPD	3.1 TITLE	
NAME	HARELIK, RUTH	3.2 NAME	
STREET ADDRESS	23344 CAROLWOOD LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	
NAME	SLITSKY, IRWIN	4.2 NAME	
STREET ADDRESS	23344 CAROLWOOD LANE #6500	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	
NAME	KAHN, LEONARD	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	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 *Donald R. Castagno* 4/6/97

CR2E037 (9/96)