

FILE NOW: FILING FEE IS \$61.25

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**Apr 17 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 # 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
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3. Date Incorporated or Qualified 09/18/1980	
4. FEI Number 59-2095445	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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	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: *[Signature]* DATE: **4/3/98**

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KRAVITZ, DOROTHY	
STREET ADDRESS	23345 CAROLWOOD LN APT 5407	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	KAUFMAN, BETTY	
STREET ADDRESS	23345 CAROL WOOD LANE S-404	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HARELIK, RUTH	
STREET ADDRESS	23344 CAROLWOOD LANE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	STEIN, ISADORE	
STREET ADDRESS	23344 CAROL WOOD LANE #6-202	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KAHN, LEONARD	
STREET ADDRESS	23344 CAROLWOOD LANE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PD Eric Kaufman
2.3 STREET ADDRESS	23345 Carolwood Ln 5404
2.4 CITY-ST-ZIP	BOCA RATON FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VP D Jim D'Amico
3.3 STREET ADDRESS	23344 Carolwood Ln 6203
3.4 CITY-ST-ZIP	BOCA RATON FL
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PD John Cardinale
4.3 STREET ADDRESS	23344 Carolwood Ln 6207
4.4 CITY-ST-ZIP	BOCA RATON FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	\$6125
6.3 STREET ADDRESS	CH 2002
6.4 CITY-ST-ZIP	4/1/98

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.

SIGNATURE: *[Signature]* DATE: **4/2/98** **482-4142**

CR2E037 (10/97)