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Mar 08, 1999 8:00 am  
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 754222

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	09/18/1980
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number - Applied For
22	27	59-2095445 Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	
Zip Country	Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 25	29 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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

*Ronald R. Castagno* RONALD R. CASTAGNO 2/23/99  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERU KAUFMAN	1.2 NAME	Amelia Chiappetti
STREET ADDRESS	23345 CAROLWOOD LN #5404	1.3 STREET ADDRESS	23345 Carol wood Ln 5104
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	BOCA Raton FL 33428
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JIM D'AMICO	2.2 NAME	Joan Garcia
STREET ADDRESS	23344 CAROLWOOD LN #5203	2.3 STREET ADDRESS	23344 Carol wood Ln
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	BOCA Raton FL 33428
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARELIK, RUTH	3.2 NAME	Ruthye Harelik
STREET ADDRESS	23344 CAROLWOOD LANE	3.3 STREET ADDRESS	23344 Carol wood LN 6-102
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	Boca Raton FL 33428
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, ISADORE	4.2 NAME	
STREET ADDRESS	23344 CAROL WOOD LANE #6-202	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN CARDINALE	5.2 NAME	
STREET ADDRESS	23344 CAROLWOOD LN #6207	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

*Ruthye Harelik*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)