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 # 754223 (6)

1. Corporation Name

THE HOMES OF BOCA BARWOOD HOMEOWNERS ASSOCIATION , INC.

Principal Place of Business	Mailing Address
3500 GATEWAY DR. STE. #202 POMPANO BEACH FL 33069 US	3500 GATEWAY DR. STE. #202 POMPANO BEACH FL 33069 US

3. Date Incorporated or Qualified: 09/18/1980
3a. Date of Last Report: 03/02/1995

2. Principal Place of Business	2a. Mailing Address
21 1215 E. HILLSBORO BLVD	26 1215 E. HILLSBORO BLVD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: DEERFIELD BCH, FL	28 City & State: DEERFIELD BCH, FL
24 Zip: 33441 / 25 Country: BROWARD	29 Zip: 33441 / 30 Country: BROWARD

4. FEI Number: NOT APPLICABLE ☐ 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

FLUEHR, CHRISTOPHER J
3500 GATEWAY DRIVE, SUITE #202
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name: CAMPBELL, William III
82 Street Address (P.O. Box Number is Not Acceptable): 1215 E. HILLSBORO BLVD.
83
84 City: DEERFIELD BCH. FL 85 Zip Code: 33441

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] WILLIAM B. CAMPBELL, III 4/24/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BELLINI, JOHN 8918 S.W. 17TH STREET BOCA RATON FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	ED SECAN!	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOLMES, JAMES 22977 S.W. 56TH AVENUE BOCA RATON FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	ED SECAN! 23132 S.W. 53RD AVE. BOCA RATON, FL 33433	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DELAURENTIS, ARTHUR 22965 SW 56 AVE BOCA RATON FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	LIZABETH KLAGER 8795 S.W. 16TH ST. BOCA RATON, FL. 33433	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARNES, SHARON 23154 SW 55T AVE BOCA RATON FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	STEWART KLAGER 8795 S.W. 16TH ST. BOCA RATON, FL. 33433	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMPSON, STEVE 8966 S.W. 16TH ST. BOCA RATON FL 33433	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	LEON MAGANZA 8909 S.W. 17TH ST BOCA RATON FL 33433	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	200001804252 -05/02/96--01013--020 ***61.25	☐ Change ☐ Addition

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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] 4/25/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #