NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 756809 1. Corporation Name

BOCA CERRO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
260 NW 19TH ST.
BOCA RATON FL 33432

2. Principal Place of Business

Mailing Address

260 NW 19TH ST. **BOCA RATON FL 33432** 

2a. Mailing Address

26

## FILED May 04, 1999 8:00 am § Secretary of State

05-04-1999 90179 021 \*\*\*\*61.25

3. Date Incorporated or Qualifed 03/17/1981

22 State City & State Country Country Sp. 2 168634 Not Applicable.  State Stat	21					<del>                                     </del>		1		
City & State   20   20   20   20   20   20   20   2	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	ite, Apt. #, etc.		4. FEI Number		- <del> </del>		
S. Certificate of Status Desired   Fine Required   Fine Requ	22		27			59-2108634				
Zip   Country   Zip   Country   Zip   Country   6. Election Campaign Financing   \$5.00 km/s pe Addot to Fees	City & State	8	City & State			5. Certificate of Status Desired	П	T		
Addition Fees  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 617,0502 and 617,1506. Florida Statutes, the above-rearned corporation submits this statement for the purpose of changing is neglishered effice or registered agent, or both, in the State of Florida, Such change was endicated by the corporation's board of directors. I hereby accept the approximant agent, and accept the originations of, Sections 617,0502, Florida Statutes, the above-rearned corporation submits this statement for the purpose of changing is neglishered effice or registered agent, or both, in the State of Florida, Such change was endicated by the corporation's board of directors. I hereby accept the approximant agent agents of the suppose of the purpose of changing is neglishered effice or registered agent, or both, in the State of Florida, Such change was endicated by the corporation's board of directors. I hereby accept the approximant agent agents of the suppose of the suppose of the suppose of changing is neglishered agent, or both, in the State of Florida, Such change was endicated by the corporation's board of directors. I hereby accept the approximant agent agents agent agents agent	23	-	28					Fee Rec	quired	
### Street Address of Current Registered Agent    Shame and Address of Current Registered Agent   Shame and Address of New Registered Agent   Shame and Address of New Registered Agent   Shame   Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Country		6. Election Campaign Financing	П		•	
KRUSE, PAM 280 NW 19TH ST #3 BOCA RATON FL 33432  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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment are registered agent, and the majorithment are registered agent, and the submit of the purpose of changing its registered agent, and the submit of the purpose of changing its registered agent, and the submit of the purpose of changing its registered agent, and the submit of the purpose of changing its registered agent, and the submit of the purpose of changing its registered agent, and the provisions of Section 617,0503, Priorida Statutes.  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. STREET ACCRESS 26 N.W. 19TH STREET, #6  15. STREET ACCRESS 27. DAME 28. BUX from 1 LANKE WORTH, J.	24	25	29	o					Fees	
RRUSE, PAM  280 NW 19TH ST #3  BOCA RATON FL 33432  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 agent, and another behalfolder of Section 17,0502, Rendal Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and another behalfolder of Section 17,0503, Rendal Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. OFFICERS AND DIRECTORS  13. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  ROBERT WISS. PAM  12.NME  KRUSE, PAM  13.NME  KRUSE, PAM  13.NME  NME WISNER, ROBERT  13. TITLE  DVP  MChange Addition  MSNER, ROBERT  14. CITY-51-2P  BOCA RATON FL  22.NME  23.SIRECTADORSS  13. TITLE  DVP  MChange Addition  MACHINEST PAR  34. CITY-51-2P  BOCA RATON FL  22.NME  23.SIRECTADORSS  24. CITY-51-2P  BOCA RATON FL  34. CITY-51-2P  BOCA RATON FL  35. STREET ADDRESS  36. DW. 1911 ST #9  36. CITY-51-2P  BOCA RATON FL  24. NME  KAHAN, ROCHELLE  STREET ADDRESS  66. WI 1911 ST #9  35. STREET ADDRESS  67. MYKONOS CT  45. STREET ADDRESS  67. MYKONOS CT  MACHINEST PAR  MACHIN		9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New R	legistered /	Agent		
BOCA RATON FL 33432  BB   City   FL   B5   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 agent. an infentiar with, and accept the obligations of, Section 617.0502 florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. The object of florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am finalization and accept the obligations of, Section 617.050.0 Florids Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITILE PD ROBERT WI'S NER Change Addition  KRUSE, PAM  STREET ADDRESS  12. NAME  12. NAME  KRUSE, PAM  SISTRET ADDRESS  12. SIGNATURE  12. OFFICERS AND DIRECTORS  13. TITLE PD ROBERT WI'S NER Change Addition  KRUSE, PAM  12. NAME  12. NAME  13. STREET ADDRESS  14. TITLE DVP  NAME  WISNER, ROBERT  14. AND PROSSER, JAN  12. NAME  13. STREET ADDRESS  14. TITLE  14. TITLE  15. TITLE  16. SUCH ARTON FL  15. STREET ADDRESS  16. STREET ADDRESS  16. STREET ADDRESS  17. ST. ZP  18. OCH RR TON, FI 33432  CITY-ST. ZP  18. OCH RR TON, FI 3				81	Name					
BOCA RATON FL 33432  BB   City   FL   B5   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 agent. an infentiar with, and accept the obligations of, Section 617.0502 florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. The object of florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am finalization and accept the obligations of, Section 617.050.0 Florids Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITILE PD ROBERT WI'S NER Change Addition  KRUSE, PAM  STREET ADDRESS  12. NAME  12. NAME  KRUSE, PAM  SISTRET ADDRESS  12. SIGNATURE  12. OFFICERS AND DIRECTORS  13. TITLE PD ROBERT WI'S NER Change Addition  KRUSE, PAM  12. NAME  12. NAME  13. STREET ADDRESS  14. TITLE DVP  NAME  WISNER, ROBERT  14. AND PROSSER, JAN  12. NAME  13. STREET ADDRESS  14. TITLE  14. TITLE  15. TITLE  16. SUCH ARTON FL  15. STREET ADDRESS  16. STREET ADDRESS  16. STREET ADDRESS  17. ST. ZP  18. OCH RR TON, FI 33432  CITY-ST. ZP  18. OCH RR TON, FI 3	KRUSE P	ΔΜ		82 Street Address (P.O. Box Number is Not Acceptable)						
BOCA RATON FL 33432    84   City					Saloti racioso (i la sonitalista de la sonitalista della sonitalis					
11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Floridas Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or bottle in the State of Florida. Statch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, and accept the obligations of, Section 617 0503, Florida Statutes.  SIGNATURE  Signature, 1990 or prime name of inspitured agent and that it applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILE  PD  REUSE PAM  STREET ADDRESS  BOCA RATON FL  13. SPECE ADDRESS  BOCA RATON FL  14. CTY-ST-ZP  DVP  WINNER, ROBERT  STREET ADDRESS  GIT NW 4 AVE  BOCA RATON FL  12. NAME  SUSNER, ROBERT  13. SPECE ADDRESS  14. CTY-ST-ZP  BOCA RATON FL  15. SPECE ADDRESS  GIT NW 4 AVE  15. STREET ADDRESS  GIT NW, ST-ZP  BOCA RATON FL  17. ST-ZP  DELETE  11. TILE  DVP  WISNER, ROBERT  STREET ADDRESS  GIT NW, ST-ZP  BOCA RATON FL  17. ST-ZP  TILE				83						
TI. Pursuant to the provisions of Sections 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 Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent and state if spondators of the statutes.  SIGNATURE  Signature, typed or protect name of registered agent and the if spondators.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  OFFICERS AND DIRECTORS IN 12.  TITLE PD	DOOK IN	101112 00102		as 7in Code						
office or registered agent, or both, in the State of Floride. Such change was authorized by the corporation's board of interests. The systems agent and size if approximate in a first in a familiar wini, and accept the obligations of, Section 617 5093, Floride Statisties.    SIGNATURE   Supplies or protect name of registered agent and tibs if approximate in a positive in a posit				•	City		FL			
office or registered agent, or both, in the State of Floride. Such change was authorized by the corporation's board of interests. The systems agent and size if approximate in a first in a familiar wini, and accept the obligations of, Section 617 5093, Floride Statisties.    SIGNATURE   Supplies or protect name of registered agent and tibs if approximate in a positive in a posit	11. Pursuant	to the provisions of Sections 617.05	502 and 617.1508, Florida Statutes,	the above	e-named corpo	pration submits this statement for the	purpose of	changing its r	egistered	
SIGNATURE    12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	- 45 aa	weigtored examt or both in the Stat	a at Elanda. Such change was allin	IONZAN DV	ine comoralio	n's board of directors. I hereby accep	ot the appoir	itment as reg	isterea	
Supulsine, Typed or printed tame of registrated agont and table if apprication (NOTE: Registrated Agont suprature registrate Apont suprature registrate registrate registrate registrate registrate registrate r		in tarrest with and accept the conf	,,,,,,, ,,, ,,, ,,, ,,, ,,, ,,							
TITLE PD ROBERT   1.1 TITLE PD ROBERT   1.2 NAME   1.2 NAME   1.3 TITLE PD ROBERT   1.3 TITLE   1.3 TITLE	SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: Re	egistered Ager	nt signature required	when reinstating)			20 161 42	
NAME STREET ADDRESS 260 N.W. 19TH STREET, #6 BOCA RATON FL  TITLE  DVP  NAME  WISNER, ROBERT  STREET ADDRESS  21 IT INW 4 AVE  BOCA RATON FL  STREET ADDRESS  22 NAME  23 STREET ADDRESS  24 CITY-ST-ZIP  BOCA RATON FL  STREET ADDRESS  260 NW 19TH ST #9  33 STREET ADDRESS  34 BUX FON LANE  LAKE WORTH, FI 334462  DVP  WE Change Addition  WISNER, ROBERT  22 NAME  23 STREET ADDRESS  24 CITY-ST-ZIP  BOCA RATON FL  STREET ADDRESS  360 NW 19TH ST #9  33 STREET ADDRESS  360 NW 19TH ST #9  34 CITY-ST-ZIP  NAME  KAHAN, ROCHELLE  STREET ADDRESS  3672 MYKONOS CT  43 STREET ADDRESS  3672 MYKONOS CT  44 CITY-ST-ZIP  BOCA RATON FL  STREET ADDRESS  6111 NW 4 AVE  WISNER, BETTY  STREET ADDRESS  6111 NW 4 AVE  MISNER, BETTY  STREET ADDRESS  6111 NW 4 AVE  613 STREET ADDRESS  6111 NW 4 AVE  614 CITY-ST-ZIP  TITLE  DELETE  DELETE  STREET ADDRESS  615 STREET ADDRESS  617 ST-ZIP  ADDRESS  6111 NW 4 AVE  615 STREET ADDRESS  6111 NW 4 AVE  615 STREET ADDRESS  6111 NW 4 AVE  615 STREET ADDRESS  6111 NW 4 AVE  616 STREET ADDRESS  611 NW 4 AVE  617 STREET ADDRESS  618 WISNER, BETTY  52 NAME  63 STREET ADDRESS  611 NW 6 AVE  618 STREET ADDRESS  619 WISNER, BETTY  619 Change  Addition  Addition  ADDRESS  611 NW 6 AVE  Change  ADDRESS  ADD	12.	OFFICERS A		13.						
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TITLE  NAME  PROSSER, JAN  STREET ADDRESS  CITY-ST-ZIP  BOCA RATON FL  TITLE  TD  NAME  KAHAN, ROCHELLE  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  BOCA RATON FL  4.2 NAME  4.2 NAME  4.2 NAME  4.4 CITY-ST-ZIP  BOCA RATON FL  DELETE  5.1 TITLE  WISNER, BETTY  STREET ADDRESS  CITY-ST-ZIP  MILE  D  DELETE  5.1 TITLE  TLE  NAME  WISNER, BETTY  STREET ADDRESS  CITY-ST-ZIP  BOCA RATON FL  DELETE  5.1 TITLE  Change  Addition  Addition  Addition  Change  Addition  Addition  Change  Addition  Addit		<del></del>		2.4 CITY-5	ST-ZIP B	oca Raton, Fl _	<u> 3343.</u>	<u> </u>		
NAME PROSSER, JAN 260 NW 19TH ST #9 3.3 STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 34. CITY-ST-ZIP TITLE TD Addition RAME KAHAN, ROCHELLE 4.2 NAME ASTREET ADDRESS CITY-ST-ZIP BOCA RATON FL 4.2 NAME WISNER, BETTY 5.1 TITLE D Change Addition MAME WISNER, BETTY 5.3 STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 5.1 TITLE D Change Addition MAME WISNER, BETTY 5.3 STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 5.3 STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP BOCA RATON FL 5.3 STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE S.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE S.3 STREET ADDRESS GITY-ST-ZIP TITLE DELETE			☐ DELETE	3.1 TTILE				Change	Addition	
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NAME  KAHAN, ROCHELLE  3672 MYKONOS CT  BOCA RATON FL  11TLE  D  DELETE  S1 TITLE  WISNER, BETTY  STREET ADDRESS  CITY-ST-ZIP  BOCA RATON FL  DELETE  S1 TITLE  S2 NAME  S3 STREET ADDRESS  CITY-ST-ZIP  BOCA RATON FL  S3 STREET ADDRESS  CITY-ST-ZIP  DELETE  S4 CITY-ST-ZIP  DELETE  S4 CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  14. I hereby certify that the information supplied with this filling 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an orificer 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			₩ DELETE		TI	)		Change	☐ Addition	
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