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Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90092 031 ****61.25

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 761013

1. Corporation Name
**WATERSIDE AT BOCA TRAIL COMMUNITY ASSOCIATION, I
 NC.**

Principal Place of Business RMC, INC BOCA RATON FL 33486 US	Mailing Address 23123 STATE RD 7 STE 350A BOCA RATON FL 33428 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 12/10/1981	4. FEI Number 59-2280794	Applied For 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		

9. Name and Address of Current Registered Agent RESIDENTIAL MANAGEMENT CONCEPTS 23123 STATE RD 7 STE 350A BOCA RATON FL 33428	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 FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE P.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BLITSTEIN, SHARON		1.2 NAME TERRANOVA SAL	
STREET ADDRESS 23459 WATER CIR		1.3 STREET ADDRESS 23345 WATER CIR	
CITY-ST-ZIP BOCA RATON, FL 00000 33496		1.4 CITY-ST-ZIP BOCA RATON FL 33486	
TITLE VPS	<input type="checkbox"/> DELETE	2.1 TITLE S.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DELKER, VIRGINIA		2.2 NAME TANK, LINDA	
STREET ADDRESS 23256 WATER CIR		2.3 STREET ADDRESS 23305 WATER CIR	
CITY-ST-ZIP BOCA RATON, FL 00000 33496		2.4 CITY-ST-ZIP BOCA RATON FL 33486	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE T.O.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME VOLUCK, RUTH		3.2 NAME AMBRUST, ELENA	
STREET ADDRESS 23337 WATER AVE		3.3 STREET ADDRESS 23309 WATER CIR	
CITY-ST-ZIP BOCA RATON FL 33496		3.4 CITY-ST-ZIP BOCA RATON FL 33486	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SILVERMAN, STANLEY		4.2 NAME GILBERT, Ginger	
STREET ADDRESS 23297 WATER CIR		4.3 STREET ADDRESS 23363 WATER Circle	
CITY-ST-ZIP BOCA RATON FL 33496		4.4 CITY-ST-ZIP BOCA RATON FL 33486	
TITLE P	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BERNATLY, TONY		5.2 NAME ALLEN, LEONARD	
STREET ADDRESS 23299 WATER CIR		5.3 STREET ADDRESS 23291 WATER Circle	
CITY-ST-ZIP BOCA RATON FL 33496		5.4 CITY-ST-ZIP BOCA RATON FL 33486	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME Decker Virginia	
STREET ADDRESS		6.3 STREET ADDRESS 23256 WATER Circle	
CITY-ST-ZIP		6.4 CITY-ST-ZIP BOCA RATON FL 33486	

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
 04-11-99 561-477-9907
 Date Daytime Phone #

CRZE037 (1/198)