

**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 # **764082** (4)  
1. Corporation Name  
**THE WOODS AT BOCA DEL MAR CONDOMINIUM, INC.**



Principal Place of Business  
**LAKE FOREST CIRCLE  
BOCA RATON FL 33433**

Mailing Address  
**1000 HOLLAND DRIVE  
STE 5  
BOCA RATON FL 33487  
US**

3. Date Incorporated or Qualified **07/07/1982** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country 29 Zip 30 Country

4. FEI Number **59-2267744** 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**

**10. Name and Address of New Registered Agent**

**SCHNER, LARRY  
1900 GLADES ROAD  
STE 355  
BOCA RATON FL 33431**

81 Name **SCHNER, LARRY**

82 Street Address (P.O. Box Number is Not Acceptable) **750 S. Dixie Hwy**

83

84 City **BOCA RATON** FL 85 Zip Code **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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE **P**  DELETE

NAME **KLEIN**

STREET ADDRESS **21905 LAKE FOREST CIRCLE**

CITY-ST-ZIP **BOCA RATON FL**

TITLE **D**  DELETE

NAME **UPDEGRAVE, JOHN**

STREET ADDRESS **21894 LAKE FOREST CIRCLE**

CITY-ST-ZIP **BOCA RATON FL**

TITLE **D**  DELETE

NAME **FARANDA, MATTHEW**

STREET ADDRESS **21905 LAKE FOREST CIRCLE**

CITY-ST-ZIP **BOCA RATON FL**

TITLE **TS**  DELETE

NAME **BRUNELLE, MERYL**

STREET ADDRESS **21902 LAKE FOREST CIRCLE**

CITY-ST-ZIP **BOCA RATON FL**

TITLE **D**  DELETE

NAME **KLEIN, MICHAEL**

STREET ADDRESS **21905 LAKE FOREST CIRCLE - #101**

CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **D**  DELETE

NAME **WATSON, LINDA**

STREET ADDRESS **21902 LAKE FOREST CIR #102**

CITY-ST-ZIP **BOCA RATON FL**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: *Linda Watson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96 (407) 994-5850  
Date Day/Time Phone #

CR2E037 (12/95)