# 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 # **765428** **(8)**

1. Corporation Name

**THE GABLES EAST OF BOCA BARWOOD CONDOMINIUM ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| %BENCHMARK PROPERTY MANAGEMENT, INC.<br>7932 WILES ROAD<br>CORAL SPRINGS FL 33067 | %BENCHMARK PROPERTY MANAGEMENT, INC.<br>7932 WILES ROAD<br>CORAL SPRINGS FL 33067 |

3. Date Incorporated or Qualified: **10/19/1982**

3a. Date of Last Report: **04/10/1995**

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: **59-2254573** ☐ 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

**DAVIS, LORI**
**23442 S. W. 57TH AVENUE**
**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 **FL** 85 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 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 _____ DATE _____
Signature, typed or printed name of Registered Agent and title if applicable — Date: Registered Agent Signature required if changing Registered Agent

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS OR CHANGES TO OFFICERS AND DIRECTORS IN 12. | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | LORI DAVIS | | 12 NAME | | |
| STREET ADDRESS | 23442 S.W. 57TH AVE. | | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON FL 33428 | | 14 CITY-ST-ZIP | | |
| TITLE | VPD | ☐ DELETE | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | JOYCE BERRY | | 22 NAME | | |
| STREET ADDRESS | 23442 S.W. 57TH AVE. | | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON FL 33428 | | 24 CITY-ST-ZIP | | |
| TITLE | D | ☒ DELETE | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | PLOTNICK, DAVE | | 32 NAME | | |
| STREET ADDRESS | 147-17 WELLER LANE | | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | ROSEDALE NY 11422 | | 34 CITY-ST-ZIP | | |
| TITLE | S /D | ☐ DELETE | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | MAFFETTONE, MADELINE | | 42 NAME | | |
| STREET ADDRESS | 23288 SW 57TH AVE | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON FL 33428 | | 44 CITY-ST-ZIP | | |
| TITLE | T | ☐ DELETE | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | ROTHENBERGER, MARY JANE | | 52 NAME | | |
| STREET ADDRESS | 23442 SW 57TH AVENUE | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON FL 33428 | | 54 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 62 NAME | | |
| STREET ADDRESS | | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 64 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:** Lorem Davis — 3/27/96 — (954) 564-4795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)