## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998

Principal Place of Business

7832 WILES ROAD CORAL SPRINGS FL 33067

DAVIS, LORI

23442 S. W. 57TH AVENUE **BOCA RATON FL 33428** 

23

24

MBENCHMARK PROPERTY MANAGEMENT. INC.

**DOCUMENT #**Corporation Name 765428

(8)

## THE GABLES EAST OF BOCA BARWOOD CONDOMINIUM ASSO CIATION, INC.

Mailing Address

NBENCHMARK PROPERTY MANAGEMENT. INC. 7932 WILES ROAD

CORAL SPRINGS FL 33067

3. Date Incorporated or Qualified
10/19/1982
4. FEI Number

59-2254573

5. Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

Applied For

Fee Required \$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

**FILED** 

Apr 17 1998 8:00am

Secretary of State

2. Principal Place of Business	2a. Mailing Address
1	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<u> </u>	27

City & State City & State 28 Zip Country Zip Country

25 20 30 9. Name and Address of Current Registered Agent

8.	This corporation owes or has paid the current year	Intangible
	Personal Property Tax due June 30.	☐ No
0.	Name and Address of New Registered Agent	

7. Is this nonprofit corporation a homeowners association?

Yes 🔲

lame				

	Street Address (P.O. Box Number is Not Acceptable
83	

			64 City		FL	B5 ZIP	C006
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 Signature typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating)  DATE						
12.	OFFICERS AND D		13.		NGES TO OFFICERS AND	DIRECTOR	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	LORI DAVIS		1.2 NAME				
STREET ADDRESS	23442 S.W. 57TH AVE.		1.3 STREET ADDRESS				
CITY - ST - ZIP	BOCA RATON FL 33428		1.4 CITY-ST-ZIP				
TITLE	VP0	☐ DELETE	2.1 TITLE	V/T/D		Change	☐ Addition
NAME	JOYCE BERRY		2.2 NAME	Joyce Berry			
STREET ADDRESS	23442 S.W. 57TH AVE.		2.3 STREET ADDRESS	23442 S. W.	57th Avenue	#408	
CITY-ST-ZIP	BOCA RATON FL 33428		2. 4 CITY - ST - ZIP	Boca Raton,	FL 33428		
TITLE	S/D	DELETE	3.1 TITLE		,	Change	☐ Addition
NAME	MAFFETTONE, MADELINE		3.2 NAME				
STREET ADDRESS	23288 SW 57TH AVE		3.3 STREET ADDRESS				
CITY - ST - ZIP	BOCA RATON FL 33428		3.4. CITY - ST - ZIP				
TITLE	7	<b>DELETE</b>	4.1 TITLE			☐ Change	☐ Addition
NAME	ROTHENBERGER, MARY JANE		4. 2 NAME				
STREET ADDRESS	23442 SW 57TH AVENUE		4.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33428		4.4 CITY - ST - ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY - ST - ZIP	11.0 11. 140.07(0)(1)			

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 a strachment with an address.

3-30-98

954-344.5353