## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT #** 

765951

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## BOCA RATON EXECUTIVE BUILDING CONDOMINIUM ASSOCI

Principal Place of Business Mailing Address 3885 ST. JAMES WAY 3885 ST. JAMES WAY **BOCA RATON FL 33434-3376 BOCA RATON FL 33434-3376** 3a. Date of Last Report 05/01/1996 3. Date Incorporated or Qualified 12/03/1982 2a. Mailing Address Applied For 2. Principal Place of Business 4. FEI Number 59-2212289 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CANTOR, SAMUEL J. 82 Street Address (P.O. Box Number is Not Acceptable) 3885 ST. JAMES WAY 83 **BOCA RATON FL 33434** 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. DELETE Change Addition PDT 1.1 TITLE TITLE CANTOR, SAMUEL J. 1.2 NAME NAME 3885 ST. JAMES WAY 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE SD 2.1 TITLE CANTOR, LOUIS S. NAME **2.2 NAME** 7131 HIALEAH LANE 2.3 STREET ADDRESS STREET ADDRESS PARKLAND FL CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE 3 1 TITLE Addition TITLE CANTOR, LYNNE 3.2 NAME NAME 7131 HIALEAH LANE 3.3 STREET ADDRESS STREET ADORESS PARKLAND FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 City-St-ZiP DELETE Change ■ Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME

14. I do 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 supplient had appear 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 post station or the ectiver or fusted emperor to execute this aport as required by Chapter 617, Florida Statutes; and the my name appears in Block 12 or Block 13 if charged, or or ar attachment with a address.

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

DITY-ST-ZIP

3/7/91

**FILED** 

Mar 11 1997 8:00am

Secretary of State

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