


FILE NOW: FILING FEE IS \$61.25

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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90110 044 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 765998					
1. Corporation Name BOCA DELRAY ASSOCIATION, INC.					
Principal Place of Business 5483 BOCA DELRAY BLVD. DELRAY BCH. FL 33484			Mailing Address 5483 BOCA DELRAY BLVD. DELRAY BCH. FL 33484		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/03/1982	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2242102	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GELFAND, MICHAEL ONE CLEARLAKE CENTRE, SUITE 1010 250 S AUSTRALIAN AVENUE WEST PALM BEACH FL 33401				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRISHMAN, HERBERT			1.2 NAME			
STREET ADDRESS	5483 BOCA DELRAY BLVD			1.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BCH. FL			1.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YASINKSI, DOROTHY			2.2 NAME			
STREET ADDRESS	5483 BOCA DELRAY BLVD			2.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BCH. FL			2.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KALINA, IRWIN			3.2 NAME	YRENE WAGNER		
STREET ADDRESS	5483 BOCA DELRAY BLVD			3.3 STREET ADDRESS	5483 BOCA DELRAY BLVD		
CITY-ST-ZIP	DELRAY BCH. FL			3.4 CITY-ST-ZIP	DELRAY BEACH, FL		
TITLE	S	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WAGNER, IRENE			4.2 NAME	SALLY SPALLONE		
STREET ADDRESS	5483 BOCA DELRAY BLVD.			4.3 STREET ADDRESS	5483 BOCA DELRAY BLVD		
CITY-ST-ZIP	DELRAY BCH. FL			4.4 CITY-ST-ZIP	DELRAY BEACH, FL		
TITLE	T	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	COHEN, ALLAN			5.2 NAME	FLORENCE SHATANOF		
STREET ADDRESS	5483 BOCA DELRAY BLVD			5.3 STREET ADDRESS	5483 BOCA DELRAY BLVD		
CITY-ST-ZIP	DELRAY BCH. FL			5.4 CITY-ST-ZIP	DELRAY BEACH, FL.		
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SPALLONE, SALLY			6.2 NAME	SIDNEY ROSENFELD		
STREET ADDRESS	5483 BOCA DELRAY BLVD			6.3 STREET ADDRESS	5483 BOCA DELRAY BLVD		
CITY-ST-ZIP	DELRAY BCH. FL			6.4 CITY-ST-ZIP	DELRAY BEACH, FL		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(9)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)