

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **767982** (2)

1. Corporation Name

**BOCA VISTA CLUB ASSOCIATION, INC.**

Principal Place of Business	Mailing Address
<b>401-150TH AVENUE, #278 MADEIRA BEACH FL 33708-2029</b>	<b>401-150TH AVENUE, #278 MADEIRA BEACH FL 33708-2029</b>



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 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	<b>04/15/1983</b>	
4. FEI Number	<b>59-2305637</b>	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CATON, RICHARD P. ESO  
7843 SEMINOLE BLVD  
SEMINOLE FL 34642**

10. Name and Address of New Registered Agent

81 Name	<b>Nicola M'Connell</b>	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>2181 Indian Rocks Rd S., Suite 1</b>	
83		
84 City	<b>Largo</b>	85 Zip Code <b>33774</b>

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 Nicola M'Connell (NICOLA M'CONNELL) 2/8/98

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	ST	NAME	MCCONNELL, NICOLA	DELETED
STREET ADDRESS	401-150 AVE #278			
CITY-ST-ZIP	MADEIRA BEACH FL			
TITLE	D	NAME	MARKIS, JOHN	DELETED
STREET ADDRESS	401-150 AVE			
CITY-ST-ZIP	MADEIRA BEACH FL			
TITLE	D	NAME	COWAN, DESMOND	DELETED
STREET ADDRESS	401-150TH AVE, #274			
CITY-ST-ZIP	MADEIRA BEACH FL			
TITLE	VPD	NAME	SMITH, THOMAS	DELETED
STREET ADDRESS	401 150TH AVE #255			
CITY-ST-ZIP	MADEIRA BCH FL			
TITLE	PD	NAME	HAMILTON, RONALD	DELETED
STREET ADDRESS	401 150TH AVE #286			
CITY-ST-ZIP	MADEIRA BCH. FL			
TITLE		NAME		DELETED
STREET ADDRESS				
CITY-ST-ZIP				

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 an attachment with an address.

SIGNATURE: Nicola M'Connell 2/8/98 (813)584-6695

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