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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768210

1. Corporation Name
BOCA RIDGE PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O POINTE MANAGEMENT GROUP 7540 U. S. HWY 1 #104 LANTANA FL 33462 US	C/O POINTE MANAGEMENT GROUP 7540 U. S. HWY 1 #104 LANTANA FL 33462 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/02/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2499544 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

POINTE MANAGEMENT GROUP INC.
7540 U. S. HWY 1
STE #104
LANTANA FL 33462

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 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	VP	☐ Change ☒ Addition
NAME	MAHONEY, WILLIAM		1.2 NAME	Dr. Matthew Rao	
STREET ADDRESS	9270 KETAY CIRCLE		1.3 STREET ADDRESS	9326 Ketay Circle	
CITY-ST-ZIP	BOCA RATON FL 33428		1.4 CITY-ST-ZIP	Boca Raton FL 33428	
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LLERENA, ED		2.2 NAME		
STREET ADDRESS	9337 KETAY CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33428		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	CORTINA, LILLIAN		3.2 NAME	Cortina, Lillian	
STREET ADDRESS	9320 KETAY CIRCLE		3.3 STREET ADDRESS	9320 Ketay Cir.	
CITY-ST-ZIP	BOCA RATON FL 33428		3.4 CITY-ST-ZIP	Boca Raton FL 33428	
TITLE	TD	☐ DELETE	4.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	TEMPEST, CLYDE		4. 2 NAME	Tempest Clyde	
STREET ADDRESS	9313 KETAY CIRCLE		4.3 STREET ADDRESS	9313 Ketay Cir	
CITY-ST-ZIP	BOCA RATON FL 33428		4.4 CITY-ST-ZIP	Boca Raton FL 33428	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SAUNDERS, ELSIE		5.2 NAME		
STREET ADDRESS	9282 KETAY CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33428		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		

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Pres 4/1/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)