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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

95 APR 27 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 769531 (5)

1. Corporation Name

Bocaire Homeowners Association, Inc.
c/o Hawk-Eye Management, Inc.
3901 North Federal Highway, Suite 202
Boca Raton, FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1983

3a. Date of Last Report

04/15/94

4. FEI Number

59 2324048

Applied For

Not Applicable

2. Principal Place of Business

c/o Hawk-Eye Management, Inc.
3901 North Federal Highway
Suite 202

2a. Mailing Address

c/o Hawk-Eye Management, Inc.
3901 North Federal Highway
Suite, Apt. #, etc. Suite 202

City & State

Boca Raton, FL

City & State

Boca Raton, FL

24. Zip

25. Country

USA

29. Zip

30. Country

USA

5. Certificate of Status Desired

☐

\$0.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under s. 194.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Paul N. Patti
Hawk-Eye Management, Inc.
3901 North Federal Highway, Suite 202
Boca Raton, FL 33431

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature (Typed or Printed Name) of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

04/03/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SCHNEIDERMAN, MICHAEL
STREET ADDRESS 4492 Bocaire Boulevard
CITY-ST-ZIP Boca Raton, FL 33487

11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP

TITLE VD
NAME FARBER, SHELDON
STREET ADDRESS 4561 Bocaire Boulevard
CITY-ST-ZIP Boca Raton, FL 33487

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

TITLE SD
NAME SOMMER, ELAINE
STREET ADDRESS 4311 Bocaire Boulevard
CITY-ST-ZIP Boca Raton, FL 33487

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP

TITLE TD
NAME ROSENBERG, NORTON
STREET ADDRESS 17183 Shaddock Lane
CITY-ST-ZIP Boca Raton, FL 33487

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP

TITLE D
NAME FEINERMAN, SAM
STREET ADDRESS 4580 Bocaire Boulevard
CITY-ST-ZIP Boca Raton, FL 33487

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP

TITLE D
NAME FURER, STANLEY
STREET ADDRESS 4268 Bocaire Boulevard
CITY-ST-ZIP Boca Raton, FL 33487

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP

14. I do hereby certify that the information furnished in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(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 the address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Schneiderman, President

4/4/95

407-392-1601

System Name

59 2324048

BOCAIRE HOMEOWNERS ASSOCIATION, INC.

12. Continued

D

JAY, BARRY
4853 Tallwood Lane
Boca Raton, FL 33487

D

KASHDEN, PAUL
4108 Bocaire Boulevard
Boca Raton, FL 33487

D

SIMON, MARILYN
4149 Bocaire Boulevard
Boca Raton, FL 33487