

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 769531 (5)

1. Corporation Name

BOCAIRE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

%HAWK-EYE MANAGEMENT  
3901 N. FEDERAL HWY. SUITE 202  
BOCA RATON FL 33431

%HAWK-EYE MANAGEMENT  
3901 N. FEDERAL HWY. SUITE 202  
BOCA RATON FL 33431

3. Date Incorporated or Qualified

07/25/1983

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATTI, PAUL N  
HAWK-EYE MANAGEMENT, INC.  
3901 N. FEDERAL HWY. 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 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

*Paul N. Patti*

*Paul N. Patti*

4-1-96

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SCHNEIDERMAN, MICHAEL	
STREET ADDRESS	4492 BOCAIRE BLVD.	
CITY - ST - ZIP	BOCA RATON FL 33487	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FARBER, SHELDON	
STREET ADDRESS	4561 BOCAIRE BLVD	
CITY - ST - ZIP	BOCA RATON FL 33487	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SOMMER, ELAINE	
STREET ADDRESS	4311 BOCAIRE BLVD	
CITY - ST - ZIP	BOCA RATON FL 33487	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROSENBERG, NORTON	
STREET ADDRESS	17183 SHADDOCK LANE	
CITY - ST - ZIP	BOCA RATON FL 33487	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FEINERMAN, SAM	
STREET ADDRESS	4580 BOCAIRE BLVD.	
CITY - ST - ZIP	BOCA RATON FL 33487	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FURER, STANLEY	
STREET ADDRESS	4268 BOCAIRE BLVD.	
CITY - ST - ZIP	BOCA RATON FL 33487	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Kaye, Stanley	
13 STREET ADDRESS	4244 Bocaire Blvd.	
14 CITY - ST - ZIP	BOCA RATON, FL 33487	
21 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	FARBER, SHELDON	
23 STREET ADDRESS	4561 Bocaire Blvd.	
24 CITY - ST - ZIP	BOCA RATON, FL 33487	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	MERL, KURT	
53 STREET ADDRESS	4284 Bocaire Blvd.	
54 CITY - ST - ZIP	BOCA RATON, FL 33487	
61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	SILK, MARVIN	
63 STREET ADDRESS	4204 Bocaire Blvd.	
64 CITY - ST - ZIP	BOCA RATON, FL 33487	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)