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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **769531** (5)

1. Corporation Name

BOCAIRE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business %HAWK-EYE MANAGEMENT 3901 N. FEDERAL HWY. SUITE 202 BOCA RATON FL 33431	Mailing Address %HAWK-EYE MANAGEMENT 3901 N. FEDERAL HWY. SUITE 202 BOCA RATON FL 33431-4509
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3. Date Incorporated or Qualified 07/25/1983	3a. Date of Last Report 04/10/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-2324048	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent PATTI, PAUL N HAWK-EYE MANAGEMENT, INC. 3901 N. FEDERAL HWY. SUITE 202 BOCA RATON FL 33431
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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 617.1608, 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 *Anna J. Deviney* *HawkEye Mgt.* **3/25/97**
Signature, typed or printed name of registered agent and title (if applicable) (NOT a Registered Agent signature required when resigning) DAY

12. OFFICERS AND DIRECTORS	
TITLE SD	<input type="checkbox"/> DELETE
NAME STANLEY, KAY E	
STREET ADDRESS 4244 BOCAIRE BLVD	
CITY-ST-ZIP BOCA RATON FL	
TITLE VD	<input checked="" 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 checked="" type="checkbox"/> DELETE
NAME ROSENBERG, NORTON	
STREET ADDRESS 17183 SHADDOCK LANE	
CITY-ST-ZIP BOCA RATON FL 33487	
TITLE PD	<input type="checkbox"/> DELETE
NAME FARBER, SHELDON	
STREET ADDRESS 4561 BOCAIRE BLVD	
CITY-ST-ZIP BOCA RATON FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME MERL, KURT	
STREET ADDRESS 4284 BOCAIRE BLVD	
CITY-ST-ZIP BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE HAROLD RAPEL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME 4316 Bocaire Blvd.	
1.3 STREET ADDRESS Boca Raton, FL 33487	
1.4 CITY-ST-ZIP 33487	
2.1 TITLE EUGENE KLEINWAKS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME 4864 Bocaire Blvd.	
2.3 STREET ADDRESS BOCA RATON FL 33487	
2.4 CITY-ST-ZIP 33487	
3.1 TITLE SAMUEL FEINERMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME 4580 Bocaire Blvd.	
3.3 STREET ADDRESS BOCA RATON FL 33487	
3.4 CITY-ST-ZIP 33487	
4.1 TITLE MARVIN SILK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME 4204 Bocaire Blvd.	
4.3 STREET ADDRESS BOCA RATON FL 33487	
4.4 CITY-ST-ZIP 33487	
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 do 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: *SHELDON FARBER* **3/24/97** **561-392-1601**

CR2E037 (9/96)