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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 769677 (6)
1. Corporation Name
BOCA ISLE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
160th
1304 SW 36 AVE. #301 #541
POMPANO BEACH FL 33069
US Ft. Lauderdale, FL 33326
1304 SW 160th Ave #541 Ft. Land FL 33326

3. Date Incorporated or Qualified 08/03/1983
3a. Date of Last Report 10/02/1996
4. FEI Number 59-2390458 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
ROMANO, JANET
1280 SW 36 AVE
SUITE 301
POMPANO BEACH FL 33069

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 Janet Romano JANET ROMANO DATE 4/30/97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PAOLINI, MICHAEL	
STREET ADDRESS	1801 S. FEDERAL HWY., #144	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ANDREOLI, JOHN	
STREET ADDRESS	18216 ROLLING MEADOW WAY	
CITY-ST-ZIP	ROCKVILLE MD	
TITLE	DD	<input type="checkbox"/> DELETE
NAME	BROWN, JULIE	
STREET ADDRESS	55 TROPIC ISLE BLVD., #33D	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HICKS, RITA	
STREET ADDRESS	2565 S OCEAN BLVD.	
CITY-ST-ZIP	HIGHLAND BEACH FL 33431	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	Paul Milazzo	
STREET ADDRESS	105 Tropic Isle Dr.	
CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE		<input type="checkbox"/> DELETE
NAME		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PD, Brown, Julie
3.3 STREET ADDRESS	55 Tropic Isle Dr #33D
3.4 CITY-ST-ZIP	Delray Beach FL 33483
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 checked="" type="checkbox"/> Addition
5.2 NAME	SD, Paul Milazzo
5.3 STREET ADDRESS	105 Tropic Isle Dr
5.4 CITY-ST-ZIP	Delray Beach, FL 33483
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: Julie Brown DATE 4/30/97 DAYTIME PHONE # 272-7760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2037 (9/96)