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FILED  
Jun 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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  
1304 160TH AVE. #541 FT LAUDERDALE FL 33326 US  
1304 SW 160TH AVE. #541 FT. LAUDERDALE FL 33326 US

3. Date Incorporated or Qualified  
08/03/1983

4. FEI Number  
59-2390458

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ANDREOLI, JOHN	
STREET ADDRESS	18216 ROLLING MEADOW WAY	
CITY-ST-ZIP	ROCKVILLE MD	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, JULIE	
STREET ADDRESS	85 TROPIC ISLE BLVD., #33D	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HICKS, RITA	
STREET ADDRESS	2585 S OCEAN BLVD.	
CITY-ST-ZIP	HIGHLAND BEACH FL 33431	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MILAZZO, PAUL	
STREET ADDRESS	105 TROPIC ISLE DR	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	MAO	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Janice May V.P.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	111 Passaic Ave.	
1.3 STREET ADDRESS	Nutley, NJ 07110	
1.4 CITY-ST-ZIP		
2.1 TITLE	S.D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dorothy Kennell	
2.3 STREET ADDRESS	105 Tropic Isle Dr #28	
2.4 CITY-ST-ZIP	Delray Beach, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	President Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Milazzo, Paul	
4.3 STREET ADDRESS	105 Tropic Isle Dr	
4.4 CITY-ST-ZIP	Delray Beach, FL	
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Maureen Camillo	Director
5.3 STREET ADDRESS	42 Orchard St.	
5.4 CITY-ST-ZIP	Cos Cob, CT 06807	
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 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: *Rita Hicks* Rita Hicks 6/11/98 954 477-2868

CR2E037 (10/97)