


FILE NOW: FILING FEE IS \$61.25

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90139 043 ****61.25

0039105

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 769677

1. Corporation Name
BOCA ISLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 1304 160TH AVE. #541 FT LAUDERDALE FL 33326 US	Mailing Address 1304 SW 160TH AVE. #541 FT. LAUDERDALE FL 33326 US
---	---



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/03/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2390458
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 **Janet Romano**
 82 Street Address (P.O. Box Number is Not Acceptable) **1924 River Oaks Dr.**
 83
 84 City **Weston** FL 85 Zip Code **33326**

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 E. Romano* **Janet E. Romano, Property Manager - 4/28/99**

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MAY, JANICE	
STREET ADDRESS	111 PASSAIC AVEE	
CITY-ST-ZIP	NUTLEY NJ 07110	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FENNEL, DOROTHY	
STREET ADDRESS	105 TROPIC ISLE DR. #8	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HICKS, RITA	
STREET ADDRESS	2565 S OCEAN BLVD.	
CITY-ST-ZIP	HIGHLAND BEACH FL 33431	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILAZZO, PAUL	
STREET ADDRESS	105 TROPIC ISLE DR	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CAMILLO, MAUREEN	
STREET ADDRESS	42 ORCHARD ST	
CITY-ST-ZIP	COSCO CT 06807	
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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TD
2.3 STREET ADDRESS	Title change only - all other info correct.
2.4 CITY-ST-ZIP	
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	<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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Robert Cronin SD
6.3 STREET ADDRESS	105 Tropic Isle Dr
6.4 CITY-ST-ZIP	Delray Beach, FL 33483

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, with all other like empowered.

SIGNATURE: *Paul Milazzo* **Paul Milazzo, President 4-28-99 984 421-0400**

CR2E037 (1/98)