

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **H09157** (9)

1. Corporation Name

**BOCA WINDS, INC.**



Principal Place of Business

% PATTY GONDA  
1920 PALM BEACH LAKES BLVD. S-202  
WEST PALM BEACH FL 33409-3546

Mailing Address

% PATTY GONDA  
1920 PALM BEACH LAKES BLVD. S-202  
WEST PALM BEACH FL 33409-3546

3. Date Incorporated or Qualified

**06/22/1984**

3a. Date of Last Report

**08/09/1995**

2. Principal Place of Business

2a. Mailing Address

21 **5841 Corporate Way**

26 **5841 Corporate Way**

4. FEI Number

**59-2452641**

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

Suite, Apt. #, etc.

22 **Suite 100**

Suite, Apt. #, etc.

27 **Suite 100**

City & State

23 **West Palm Beach, FL**

City & State

28 **West Palm Beach, FL 33407**

Zip

24 **33407**

Country

25 **Palm Beach**

Zip

29 **33407**

Country

30 **Palm Beach**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILSON, N. GRIFFIN  
1920 PALM BEACH LAKES BLVD  
SUITE 202  
WEST PALM BEACH FL 33409**

81 Name

**Wilson, N. Griffin**

82 Street Address (P.O. Box Number is Not Acceptable)

**5841 Corporate Way**

83

**Suite 100**

84

**City West Palm Beach**

**FL**

85

**Zip Code 33407**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPST  
WILSON, N. GRIFFIN  
1920 PALM BEACH LAKES BLVD  
WEST PALM BEACH FL 33409**

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
WALDRON, THOMAS S.  
1920 PALM BCH LAKES BLVD  
WEST PALM BEACH FL**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

**900001827198  
-05/20/96--01005--001  
\*\*\*3400.00**

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 607, 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  
**N. Griffin Wilson, Pres.**

**4-25-96**

Date

**407-684-4488**

Daytime Phone

CR2E034 (12/95)