

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N01328

(6)

1. Corporation Name

BOCA GLADES MASTER ASSOCIATION, INC.



Principal Place of Business

8516 BOCA GLADES BLVD W  
BOCA RATON FL 33434

Mailing Address

8516 BOCA GLADES BLVD W  
BOCA RATON FL 33434

3. Date Incorporated or Qualified  
02/08/1984

3a. Date of Last Report  
03/27/1995

2. Principal Place of Business

21 8489 Boca Glades Blvd

2a. Mailing Address

28 8489 Boca Glades Blvd

4. FEI Number  
E 59-2377004

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

City & State

23 Boca Raton, FL

City & State

28 Boca Raton, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

Country

24 33434

25 USA

Zip

Country

29 33434

30 USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ENCORE MAINTENANCE & MANAGEMENT INC.  
1080 N.W. FIRST AVENUE  
STE 200  
BOCA RATON FL 33432

81 Name  
Prime Mgmt. Group, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)  
6300 Park of Commerce Blvd.

83

84 City  
Boca Raton

85 Zip Code  
FL 33487

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

William Mc Elligott

1/25/96

Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME HAFFNER, HERB  
STREET ADDRESS 8470 BOCA GLADES BLVD.  
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

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

☐ Change ☐ Addition

TITLE VD  
NAME SIMONCINI, DOTTIE  
STREET ADDRESS 8713 BOCA GLADES BLVD.  
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

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

☐ Change ☐ Addition

TITLE SD  
NAME GOLDENBERG, ED  
STREET ADDRESS 8689 BOCA GLADES BLVD.  
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

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

☐ Change ☐ Addition

TITLE TD  
NAME MCELLIGOTT, BILL  
STREET ADDRESS 8445 BOCA GLADES BLVD.  
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bill Mc Elligott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96 407-488-7547

Date

Daytime Phone #

CR2E037 (12/95)