FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N03554 (5)

1. Corporation Name

VILLA FLORA AT BOCA POINTE HOMEOWNERS ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
% ALLSTATE PROPERTY MANAGEMENT REALTY 21000 BOCA RIO ROAD. #A-9 BOCA RATON FL 33433	% ALLSTATE PROPERTY MANAGEMENT REALTY 21000 BOCA RIO ROAD. #A-9 BOCA RATON FL 33433

3. Date Incorporated or Qualified: 06/08/1984
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 C/O UNITED REALTY	26 C/O UNITED REALTY
Suite, Apt. #, etc. 22 3300 UNIV DRIVE # 405	Suite, Apt. #, etc. 27 3300 UNIV DRIVE #405
City & State 23 BOCA RATON FLA	City & State 28 BOCA RATON FLA
24 33065 Country 25	Zip 29 33431 Country 30

4. FEI Number: 59-2739558 ☐ 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

9. Name and Address of Current Registered Agent

BERGER, BEN
% ALLSTATE PROPERTY MANAGEMENT REALTY
21000 BOCA RIO ROAD, #A-9
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name: MARTIN AXELROD
82 Street Address (P.O. Box Number is Not Acceptable): 6400 VIA ROSA
83
84 City: BOCA RATON FL 85 Zip Code: 33433

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: X Martin Axelrod 4/22/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SACHAROW, ROBERT		1.2 NAME		
STREET ADDRESS	6438 VIA ROSA		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	EHRLICH, GAIL		2.2 NAME		
STREET ADDRESS	6450 VIA ROSA		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	AXELROD, MARTIN		3.2 NAME		
STREET ADDRESS	6400 VIA ROSA		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TULCHIN, HOWARD		4.2 NAME		
STREET ADDRESS	6432 VIA ROSA		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	WEINSTEIN, MARTIN		5.2 NAME	LEON BERGER	
STREET ADDRESS	6471 VIA ROSA		5.3 STREET ADDRESS	6406 VIA ROSA	
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP	BOCA RATON FLA 33433	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BERKOW, LESTER		6.2 NAME		
STREET ADDRESS	6534 VIA ROSA		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: X Martin Axelrod 4/22/96 954-752-8119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #