

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90037 038 ****61.25

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DOCUMENT # N04378

1. Corporation Name

BOCA MARQUIS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

254 SW SIXTH STREET
BOCA RATON FL 33432

Mailing Address

254 SW SIXTH STREET
BOCA RATON FL 33432



2. Principal Place of Business

21 Suite, Apt. #, etc.
22 **1801 GONZALO ROAD**

23 City & State
BOCA RATON FL

24 Zip
33486

2a. Mailing Address

26 Suite, Apt. #, etc.
27 **1801 GONZALO ROAD**

28 City & State
BOCA RATON FL

29 Zip
33486

3. Date Incorporated or Qualified
07/26/1984

4. FEI Number
NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

WAGENTI, JOSEPH
254 S.W. 6TH ST.
BOCA RATON FL 33432

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **WAGENTI, JOSEPH**
STREET ADDRESS **254 S.W. 6TH ST.**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **VD**
NAME **MORREL, ANDRE**
STREET ADDRESS **250 SW 6TH ST.**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **SD**
NAME **CONLON, JOANNE M**
STREET ADDRESS **7529 SAN MATEO DR.**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **WAGENTI, JOSEPH**
1.3 STREET ADDRESS **1801 GONZALO ROAD**
1.4 CITY-ST-ZIP **BOCA RATON FL 33486**

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

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

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

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

6.1 TITLE
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, with all other like empowered.

SIGNATURE: **Joseph Wagenti**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99
Date

561-274-6500
Daytime Phone #

CR2E037 (11/98)