SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $395)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 AM 10:28

DOCUMENT # N04415 (8)

1. Corporation Name
BOCA FONTANA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
RESIDENTIAL MANAGEMENT CONCEPTS ~~C/O GOLD COAST PROPERTY MGT., INC.~~ P. O. BOX 27-2210 BOCA RATON FL 33427	~~C/O GOLD COAST PROPERTY MGT., INC.~~ P. O. BOX 27-2210 BOCA RATON FL 33427

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/30/1984
3a. Date of Last Report: 03/29/1994
4. FEI Number: 59-2475800 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 23123 STATE ROAD 7
22 Suite, Apt. #, etc.: SUITE 350A
23 City & State: BOCA RATON, FL
24 Zip: 33428 25 Country: USA

2a. Mailing Address
26: P.O. BOX 970069
27 Suite, Apt. #, etc.:
28 City & State: BOCA RATON, FL
29 Zip: 33497-0069 30 Country: USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PALOMBI, GARY
6421 CONGRESS AVE.
SUITE 100
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name: GARY PALOMBI
82 Street Address (P.O. Box Number is Not Acceptable): 23123 STATE ROAD 7, SUITE 350A
83:
84 City: BOCA RATON **FL** 85 Zip Code: 33428

11. Pursuant to the provisions of Section(s) 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] DATE: 06-06-95
Signature of, and printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V,D	11 TITLE	D	☐ Change ☒ Addition
NAME	MURPHY, JOHN	12 NAME	JOE RODICK	
STREET ADDRESS	19929 VILLA MEDICI PL.	13 STREET ADDRESS	19947 VILLA LANTE PLACE	
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	ST	21 TITLE		☐ Change ☐ Addition
NAME	SELTZER, CARRIE	22 NAME		
STREET ADDRESS	19930 LATONA PLACE	23 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	PORTNOY, ARNOLD	32 NAME		
STREET ADDRESS	19921 VILLA MEDICI PLACE	33 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	34 CITY-ST-ZIP		
TITLE	PD	41 TITLE		☐ Change ☐ Addition
NAME	LAWSON, RONALD	42 NAME		
STREET ADDRESS	19889 VILLA MEDICA PL.	43 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, KENNETH	52 NAME		
STREET ADDRESS	9918 MAJORCA PLACE	53 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

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: [signature] 6/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011217