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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # N04415 (8)

1. Corporation Name

BOCA FONTANA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	*Mailing Address*
23123 STATE ROAD 7 SUITE 350A BOCA RATON FL 33428 US	P.O. BOX 970069 BOCA RATON FL 33497-069 US

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 07/30/1984

4. FEI Number: 59-2475800 ☐ 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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PALOMBI, GARY
23123 STATE ROAD 7, SUITE 350A
STE 350A
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or 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	D SECRETARY/TREASURER	☐ DELETE	1.1 TITLE	S/T/D	☒ Change ☐ Addition
NAME	DAVIS, DICK		1.2 NAME		
STREET ADDRESS	9621 TRITON CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GROKHOWSKY, GEORGE		2.2 NAME		
STREET ADDRESS	9786 MAJORCA PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	PORTNOY, ARNOLD		3.2 NAME	ZOFIA [redacted] SYWAK	
STREET ADDRESS	19921 VILLA MEDICI PLACE		3.3 STREET ADDRESS	19944 COURT OF THE LYONS	
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	MCGILL, ALLAN		4.2 NAME	MICHAEL SPANO	
STREET ADDRESS	9966 MAJORIA PL		4.3 STREET ADDRESS	9780 MAJORCA PLACE	
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, KENNETH		5.2 NAME		
STREET ADDRESS	9918 MAJORCA PLACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LAMPERT, MARCIE		6.2 NAME		
STREET ADDRESS	9846 MAJORCA PLACE		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Gene Gutkowski 3/2/98 477-1119