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 # N04488 (5)

1. Corporation Name

THE PALMS AT BOCA POINTE HOMEOWNERS' ASSOCIATION , INC.

Principal Place of Business	Mailing Address
% CAS 951 BROKEN SOUND PKWY #250 BOCA RATON FL 33487 US	% CAS 951 BROKEN SOUND PKWY #25 BOCA RATON FL 33487 US

3. Date Incorporated or Qualified: 08/01/1984
3a. Date of Last Report: 04/18/1995

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 — County — 30

4. FEI Number: 65-0110568 ☐ 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

MESSINGER, JOEL
COMMUNITY ASSOCIATION SERVICES
951 BROKEN SOUND PKWY #250
BOCA RATON FL 33487

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	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, LOU		1.2 NAME	
STREET ADDRESS	951 BROKEN SOUND PKWY, STE 250		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KAREL, AL		2.2 NAME	
STREET ADDRESS	951 BROKEN SOUND PKWY, STE 250		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	
TITLE	DV	☑ DELETE	3.1 TITLE	D ☑ Change ☐ Addition
NAME	COHEN, JACK		3.2 NAME	Harold Kaufman
STREET ADDRESS	951 BROKEN SOUND PKWY, STE 250		3.3 STREET ADDRESS	23501 Butterfly Palm Court
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP	Boca Raton, Fl 33433
TITLE	DS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	JARRETT, MURRAY		4.2 NAME	
STREET ADDRESS	951 BROKEN SOUND PKWY, STE 250		4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP	
TITLE	DT D	☐ DELETE	5.1 TITLE	DT D ☑ Change ☐ Addition
NAME	INABURG, RICHARD		5.2 NAME	Richard Dinaburg
STREET ADDRESS	951 BROKEN SOUND PKWY, STE 250		5.3 STREET ADDRESS	23350 Feather Palm Court
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP	Boca Raton, Fl 33433
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SACKS, STANLEY		6.2 NAME	
STREET ADDRESS	951 BROKEN SOUND PKWY, STE 250		6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		6.4 CITY-ST-ZIP	

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)(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: Richard Dinaburg C Richard Dinaburg 4/23/96 407-994-1788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

CR2E037 (12/95)