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Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra E. Northrup Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N08686 (0)
 1. Corporation Name
BOCA RATON FOUNDATION, INC.



Principal Place of Business 798 S FEDERAL HWY STE 100 BOCA RATON F 33432 US	Mailing Address 798 S FEDERAL HWY STE 100 BOCA RATON FL 33432 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 04/12/1985	4. FEI Number 59-2604493	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**OSBORNE, R BRADY JR
798 S FEDERAL HWY STE 100
C/O OSBORNE, OSBORNE & DECLAIRE
BOCA RATON FL 33432**

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 *[Signature]* **President** DATE **4/5/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CRASKE, ROBERT B	
STREET ADDRESS	339 E COCONUT PALM RD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CUNNINGHAM, P RODNEY	
STREET ADDRESS	617 SW 15TH ST	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BONITATIBUS, PETER N	
STREET ADDRESS	6790 ALLEGRE CT	
CITY-ST-ZIP	GULFSTREAM	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT / Director P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DENNIS W. SMITH	
1.3 STREET ADDRESS	1329 THATCH PALM DRIVE	
1.4 CITY-ST-ZIP	BOCA RATON FL 33432	
2.1 TITLE	V.P. / Director v/p/d	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROBERT B. CRASKE	
2.3 STREET ADDRESS	339 E COCONUT PALM RD	
2.4 CITY-ST-ZIP	BOCA RATON FL 33432	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *[Signature]* **Peter N Bonitatibus** DATE: **4/5/98** **561-291-1111**

CP2E037 (10/97)