

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 04, 1999 8:00 am
Secretary of State

03-04-1999 90180 026 ****61.25

DOCUMENT # N08686

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

2. Principal Place of Business

21 **1515 N. FEDERAL HWY**

Suite, Apt. #, etc.

22 **222**

City & State

23 **BOCA RATON FLORIDA**

Zip

24 **33432**

Country

25 **USA**

2a. Mailing Address

26 **1515 N FEDERAL HWY**

Suite, Apt. #, etc.

27 **222**

City & State

28 **BOCA RATON FL**

Zip

29 **33432**

Country

30 **USA**

3. Date Incorporated or Qualified

04/12/1985

4. FEI Number

59-2604493

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

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

PETER N BONITATUS

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

1515 N. FEDERAL HWY # 222

83

84 City

BOCA RATON

FL

85 Zip Code

33432

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

PETER N BONITATUS

2-14-99

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 ☐ DELETE

NAME **PD SMITH, DENNIS W**
STREET ADDRESS **1329 THATCH PALM DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ DELETE

NAME **VD CRASKE, ROBERT B**
STREET ADDRESS **339 E COCONUT PALM RD**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ DELETE

NAME **TD BONITATUS, PETER N**
STREET ADDRESS **6790 ALLEGRE CT**
CITY-ST-ZIP **GULFSTREAM**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

DENNIS SMITH 2/14/99

SG1-391-1411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)