

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 11 PM 9:46

DOCUMENT # N08791 (8)

1. Corporation Name

LA JOYA OF BOCA HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

% QUALITY MGT.
1761 W. HILLSBORO BLVD. SUITE 326
DEERFIELD BEACH FL 33442

Mailing Address

% QUALITY MGT.
1761 W. HILLSBORO BLVD. SUITE 326
DEERFIELD BEACH FL 33442

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1985

3a. Date of Last Report

04/14/1994

4. FBI Number

59-2838218

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

QUALITY MGT.
1761 W. HILLSBORO BLVD
STE. 326
DEERFIELD BEACH FL 33442

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HAUBRICH, GUNTER
STREET ADDRESS 23059 L'ERMITAGE CIRCLE
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME MANSUETI, MARK
STREET ADDRESS 23216 L'ERMITAGE CIRCLE
CITY-ST-ZIP BOCA RATON FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

2.1 NAME
2.2 STREET ADDRESS
2.3 CITY-ST-ZIP

TITLE VD
NAME COCOLA, LINDA
STREET ADDRESS 23188 L'ERMITAGE CIRCLE
CITY-ST-ZIP BOCA RATON FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME KING, PAOL
STREET ADDRESS 23144 L'ERMITAGE CIRCLE
CITY-ST-ZIP BOCA RATON FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

4.1 NAME
4.2 STREET ADDRESS
4.3 CITY-ST-ZIP

TITLE SD
NAME ANDERSON, DANA
STREET ADDRESS 23065 L'ERMITAGE CIRCLE
CITY-ST-ZIP BOCA RATON FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 my address.

SIGNATURE:

Gunter Haubrich

4/3/95 305 427-0707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone