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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **N09580** **(4)**

1. Corporation Name

LA CORNICHE AT BOCA POINTE HOMEOWNERS' ASSOCIATI ON, INC.

Principal Place of Business	Mailing Address
951 BROKEN SOUND PARKWAY BOCA RATON FL 33487	951 BROKEN SOUND PARKWAY BOCA RATON FL 33487-3531

3. Date Incorporated or Qualified: **06/03/1985**
3a. Date of Last Report: **11/07/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: **93-1006485** ☐ 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
951 BROKEN SOUND PARKWAY
SUITE 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 Tim Nare Tim Nare 4-9-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SOLOMON, RONALD		1.2 NAME	
STREET ADDRESS	951 BROKEN SOUND PARKWAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487		1.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BALL, ALFRED		2.2 NAME	
STREET ADDRESS	951 BROKEN SOUND PARKWAY		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487		2.4 CITY-ST-ZIP	
TITLE	AS	☒ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME	BEYENBACH, RITA		3.2 NAME	Bennet Dworkin
STREET ADDRESS	951 BROKEN SOUND PARKWAY		3.3 STREET ADDRESS	7330 La Corniche Cir
CITY-ST-ZIP	BOCA RATON FL 33487		3.4 CITY-ST-ZIP	Boca Raton, FL 33433
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DAVIDSON, JIM		4.2 NAME	
STREET ADDRESS	951 BROKEN SOUND PARKWAY		4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ROSEN, HARVEY		5.2 NAME	
STREET ADDRESS	951 BROKEN SOUND PARKWAY		5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487		5.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	GABRIELLE, DANIEL		6.2 NAME	
STREET ADDRESS	951 BROKEN SOUND PARKWAY		6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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: X [signature] 4-8-97 561-395-7732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0039670