

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -8 AM 9:40

DOCUMENT # N11032 (2)

1. Corporation Name

BOCA GLADES "D" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8516 BOCA GLADES BLVD. WEST
BOCA RATON FL 33434

8516 BOCA GLADES BLVD. WEST
BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1985

3a. Date of Last Report

06/21/1994

4. FEI Number

59-2535836

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ENCORE MAINTENANCE AND MANAGEMENT, INC.
1070 NW 1ST AVE.
BOCA RATON FL 33432

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 607.1509, 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 607.0509, 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 GOLDBERG, SIDNEY
STREET ADDRESS 8617A BOCA GLADES BLVD W
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 RESNICK, JACK
STREET ADDRESS 8633G BOCA GLADES BLV W
CITY- ST- ZIP BOCA RATON FL

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

☒ Change ☐ Addition

TD
HEIROWITZ, FLORANCE
8697D BOCA GLADES BLVD W
BOCA RATON, FL 33434

TITLE VD
NAME EMERMAN, JERRY
STREET ADDRESS 8585 BOCA GLADES BLVD. W.
CITY- ST- ZIP BOCA RATON FL

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

☐ Change ☐ Addition

TITLE SD
NAME BENINCASA, LOUIS
STREET ADDRESS 8665-A BOCA GLADES BLVD.
CITY- ST- ZIP BOCA RATON FL

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

☐ Change ☐ Addition

TITLE TD
NAME KOWLER, ARTHUR
STREET ADDRESS 8689C BOCA GLADES BLV W
CITY- ST- ZIP BOCA RATON FL

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

☒ Change ☐ Addition

VD

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 does not qualify for the exemption stated in Section 119.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, as an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIDNEY GOLDBERG

2/2/95

(407) 483-7463

Date

(Signature) (Print Name)