


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N11032** (2)

1. Corporation Name

BOCA GLADES "D" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 8516 BOCA GLADES BLVD. WEST BOCA RATON FL 33434	Mailing Address 8516 BOCA GLADES BLVD. WEST BOCA RATON FL 33434
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3. Date Incorporated or Qualified 09/10/1985
4. FEI Number 59-2535836
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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 checked="" 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 SWATT, MYRON I PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487
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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

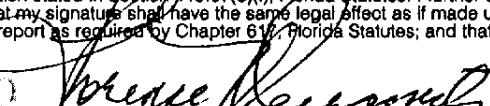
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE  DATE **2/17/98**

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME GOLDBERG, SIDNEY	
STREET ADDRESS 8617A BOCA GLADES BLVD W	
CITY-ST-ZIP BOCA RATON FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME MEIROWITZ, FLORENCE	
STREET ADDRESS 8697D BOCA GLADES BLVD W	
CITY-ST-ZIP BOCA RATON FL	
TITLE VD	<input type="checkbox"/> DELETE
NAME RISUCCI, FRANK	
STREET ADDRESS 8681A BOCA GLADES BLVD W.	
CITY-ST-ZIP BOCA RATON FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME BENINCASA, LOUIS	
STREET ADDRESS 8665-A BOCA GLADES BLVD.	
CITY-ST-ZIP BOCA RATON FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME KOWLER, ARTHUR	
STREET ADDRESS 8689C BOCA GLADES BLV W	
CITY-ST-ZIP BOCA RATON FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Lawen, Barbara	
1.3 STREET ADDRESS 8649-B Boca Glades Blvd. W.	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME LOUIS Benincasa	
4.3 STREET ADDRESS 8665-A Boca Glades Blvd. W.	
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 Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME Spinelli, Barbara	
6.3 STREET ADDRESS 8609-C Boca Glades Blvd W.	
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 19.07(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:  DATE **2/5/98**

CR2E037 (10/97)