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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N11609 (7)

1. Corporation Name

THE VILLAS OF BOCA DELRAY CONDOMINIUM ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
5483 BOCA DELRAY BLVD. DELRAY BCH. FL 33484	5483 BOCA DELRAY BLVD. DELRAY BCH. FL 33484-8324

3. Date Incorporated or Qualified: 10/15/1985
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2622440 ☐ 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

LAPOINTE, MARY K
5483 BOCA DELRAY BLVD
ROOM 60
DELRAY BEACH FL 33484

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROSENTHAL, BERT		1.2 NAME	
STREET ADDRESS	5483 BOCA DELRAY BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH. FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ELIAS, VICTOR		2.2 NAME	
STREET ADDRESS	5483 BOCA DELRAY BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH. FL		2.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CHMARA, SI		3.2 NAME	
STREET ADDRESS	5483 BOCA DELRAY BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH. FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	OKUN, LEO		4.2 NAME	
STREET ADDRESS	5483 BOCA DELRAY BLVD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SCHUMCKLER, NORMAN		5.2 NAME	
STREET ADDRESS	5265 FAIRWAY WOODS DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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: /s/ Bert Rosenthal BERT ROSENTHAL 3/25/97 561-495-0818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0044914