


FILE HOW: FILING FEE IS \$61.25

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Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90092 003 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N11609					
1. Corporation Name THE VILLAS OF BOCA DELRAY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5483 BOCA DELRAY BLVD. DELRAY BCH. FL 33484			Mailing Address 5483 BOCA DELRAY BLVD. DELRAY BCH. FL 33484		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/15/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2622440	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Zip	
24		25		29	
30		31		32	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LAPOINTE, MARY K 5483 BOCA DELRAY BLVD ROOM 60 DELRAY BEACH FL 33484				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

I, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1. OFFICERS AND DIRECTORS			2. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	DS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHMARA, SI		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	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OKUN, LEO		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	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHUMCKLER, NORMAN		4.2 NAME		
STREET ADDRESS	5265 FAIRWAY WOODS DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

I 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, with all other like empowered.

NONPROFIT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BERT ROSENTHAL

Date

Daytime Phone #

2/12/99 (561) 495-0814

CORP 11/99