

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N13773 (9)

1. Corporation Name

BOCA PINES OF VERDE TRAIL TOWNHOME ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O BENCHMARK PROPERTY MGT INC
7932 WILES RD
CORAL SPRINGS FL 33067
US

C/O BENCHMARK PROPERTY MGT INC
7932 WILES RD
CORAL SPRINGS FL 33067
US

3. Date Incorporated or Qualified
03/11/1986

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2700753

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEE, LAURA
6750 B BOCA PINES TRAIL
BOCA RATON FL 33433

81 Name

Louis Proietto

82 Street Address (P.O. Box Number is Not Acceptable)

6751A Boca Pines Trail

83

84 City

Boca Raton

FL

85

Zip Code
33433

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☒ DELETE

NAME

WATSON, THOMAS

STREET ADDRESS

6729 C BOCA PINES TR

CITY-ST-ZIP

BOCA RATON FL

TITLE

V

☒ DELETE

NAME

CALAMARI, HENRY

STREET ADDRESS

6729 E BOCA PINES TRAIL

CITY-ST-ZIP

BOCA RATON FL

TITLE

STD

☒ DELETE

NAME

PILI, NANCY

STREET ADDRESS

6662 C BOCA PINES TR

CITY-ST-ZIP

BOCA RATON FL

TITLE

P

☒ DELETE

NAME

LEE, LAURA

STREET ADDRESS

6750 B BOCA PINES TR

CITY-ST-ZIP

BOCA RATON FL

TITLE

D

☒ DELETE

NAME

TENKINS, ARLEEN

STREET ADDRESS

6751 C BOCA PINES TR

CITY-ST-ZIP

BOCA RATON FL

TITLE

D

☒ DELETE

NAME

ZEMMEL, LEON

STREET ADDRESS

6772 BOCA PINES TRAIL

CITY-ST-ZIP

BOCA RATON FL

1.1 TITLE

P/D

☐ Change ☒ Addition

1.2 NAME

Louis Proietto

1.3 STREET ADDRESS

6751A Boca Pines Trail

1.4 CITY-ST-ZIP

Boca Raton, FL 33433

2.1 TITLE

V/D

☐ Change ☒ Addition

2.2 NAME

John Massa

2.3 STREET ADDRESS

6750D Boca Pines Trail

2.4 CITY-ST-ZIP

Boca Raton, FL 33433

3.1 TITLE

T/D

☐ Change ☒ Addition

3.2 NAME

Dana Vizner

3.3 STREET ADDRESS

6685A Boca Pines Trail

3.4 CITY-ST-ZIP

Boca Raton, FL 33433

4.1 TITLE

S/D

☐ Change ☒ Addition

4.2 NAME

Glen Schwartz

4.3 STREET ADDRESS

6729B Boca Pines Trail

4.4 CITY-ST-ZIP

Boca Raton, FL 33433

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-96

CR2E037 (12/95)