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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N15133 (4)

1. Corporation Name

ISLES OF BOCA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

23230-H ISLAND VIEW  
BOCA RATON F 33433  
US

23230-H ISLAND VIEW  
BOCA RATON F 33433  
US

3. Date Incorporated or Qualified  
05/28/1986

3a. Date of Last Report  
05/01/1995

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

HAAG, DAVID  
HAAG MANAGEMENT  
2801 NORTH MILITARY TRAIL  
BOCA RATON FL 33431

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

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

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME DUDA, PETER  
STREET ADDRESS 7727 STIRLING BRIDGE BLVD N  
CITY-ST-ZIP DELRAY BEACH FL 33446

111 NAME  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE VD  
NAME SCHEIM, CAROLE  
STREET ADDRESS 23109-4 AQUA VIEW  
CITY-ST-ZIP BOCA RATON FL 33433

21 NAME  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE SD  
NAME AMTO, ARLENE  
STREET ADDRESS 23156-E FOUNTAIN VIEW  
CITY-ST-ZIP BOCA RATON FL 33433

31 NAME  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE T  
NAME SCHICK, MARY  
STREET ADDRESS 23248-B ISLAND VIEW  
CITY-ST-ZIP BOCA RATON FL 33433

41 NAME  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE D  
NAME ALTIERI, MICHAEL  
STREET ADDRESS 23158-5 ISLAND VIEW  
CITY-ST-ZIP BOCA RATON FL 33433

51 NAME  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 NAME  
62 NAME  
63 STREET ADDRESS  
64 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

PETER DUDA

2/8/96

Daytime Phone #

CR2E037 (12/95)