

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N15133 (4)**  
1. Corporation Name  
**ISLES OF BOCA HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>23230-H ISLAND VIEW BOCA RATON F 33433 US</b>	Mailing Address <b>23230-H ISLAND VIEW BOCA RATON F 33433-7168 US</b>
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3. Date Incorporated or Qualified <b>05/28/1986</b>	3a. Date of Last Report <b>02/14/1996</b>
4. FEI Number <b>59-2713023</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**HAAG, DAVID  
HAAG MANAGEMENT  
2801 NORTH MILITARY TRAIL  
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 date, if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>DUDA, PETER</b>	
STREET ADDRESS	<b>7727 STIRLING BRIDGE BLVD N</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33446</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHEIM, CAROLE</b>	
STREET ADDRESS	<b>23109-4 AQUA VIEW</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>AMTO, ARLENE</b>	
STREET ADDRESS	<b>23156-E FOUNTAIN VIEW</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHICK, MARY</b>	
STREET ADDRESS	<b>23248-B ISLAND VIEW</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ALTIERI, MICHAEL</b>	
STREET ADDRESS	<b>23158-5 ISLAND VIEW</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	<b>6463 LA COSTA DR</b>	
1.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33433</b>	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SCHEINMAN, CAROLE</b>	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>AMATO, ARLENE</b>	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: \_\_\_\_\_

CR2E037 (9/96)