FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

				 	
DOCUMENT # N15133 (4)					
ISLES	OF BOCA HOMEOWNERS /	ASSOCIATION, INC.		t tääkitäi äät tiität äkiät tanaa kuna tiit ätätt ata	il didie didie delle delle ende
Principal Plac	e of Business	Mailing Address			II BIAH BIBH BIBH BIBN IARI
23230-H ISLAND VIEW 23230-H ISLAND VIEW		23230-H ISLAND VIEW		3. Date Incorporated or Qualified	
BOCA RATON	F 33433	BOCA RATON F 33433		05/28/1986	
us		US		4. FEI Number	Applied For
				59-2713023	Not Applicable
2. Principal P	Place of Business	2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22	•	27	•	Trust Fund Contribution	Added to Fees
City & Stat	e	City & State		7. Is this nonprofit corporation a homeowner	s association?
23		28		∑ Yes □] No
Zip	Country	Zip	Country	8. This corporation owes or has paid the cur	
24	9. Name and Address of Curren		10		Yes No
	y. Name and Address of Curren	r ueditraran whaur	81 Name	10. Name and Address of New Registered	kgent
11440	DAIAD		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
HAAG, DAVID			82 Street Addr	ess (P.O. Box Number Is Not Acceptable)	
HAAG MANAGEMENT 2801 NORTH MILITARY TRAIL			83		
BOCA RATON FL 33431			ļ <u></u>		
DOOK II	R1011 1 E 00701		84 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the al			the above-named corp		changing its registered
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 age		Registered Agent signature require		
12.	OFFICERS AND		13,	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	PD PETER	☐ DELETE	1.1 TITLE	•	Change Addition
NAME	DUDA, PETER		1.2 NAME		
STREET ADDRESS	6463 LACOSTA DR BOCA RATON FL		1.3 STREET ADDRESS		i
CITY-ST-ZIP TITLE	VD	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	SCHEINMAN, CAROLE		2.2 NAME		_ onange _ namen
STREET ADDRESS	28109-4 AQUA VIEW		2.3 STREET ADDRESS	e 11	
CITY-ST-ZIP	BOCA RATON FL		2. 4 CITY - ST - ZIP		
TITLE	SD	☐ DELETE	8.1 TITLE		Change Addition
NAME	AMATO, ARLENE		3.2 NAME		
STREET ADDRESS	23156-E FOUNTAIN VIEW		3.3 STREET ADDRESS		i
CITY-ST-ZIP	BOCA RATON FL		3.4. CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHICK, MARY		4. 2 NAME		
STREET ADDRESS	23248-B ISLAND VIEW		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433	— D priese	4.4 CITY-ST-ZIP		The state of the s
TITLE	D	DELETE	5.1 TITLE		Change Addition
NAME	ALTIERI, MICHAEL		5.2 NAME		
STREET ADDRESS	23158-5 ISLAND VIEW		5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	BOCA RATON FL 33433	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
OTHER PROPESS			6.0 OWING LADRIEGO		

CITY-ST-ZIP

14. 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.

FILED

Mar 26 1998 8:00am

Secretary of State