

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 # N15135 (9)
1. Corporation Name
ISLES OF BOCA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**23230-G ISLAND VIEW
BOCA RATON FL 33433**

Mailing Address
**23230-G ISLAND VIEW
BOCA RATON FL 33433**

3. Date Incorporated or Qualified
05/28/1986

3a. Date of Last Report
02/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2713019	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	25. Country		
29. Zip	30. Country		

9. Name and Address of Current Registered Agent

**HAAG MANAGEMENT
2801 N. 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. City	
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	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUDA, V.	1.2 NAME	MARTIN, BARBARA
STREET ADDRESS	23230-B ISLAND VIEW	1.3 STREET ADDRESS	23205-B FOUNTAIN VIEW
CITY-STATE-ZIP	BOCA RATON FL	1.4 CITY-STATE-ZIP	BOCA RATON, FL 33433
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWENBERG, S.	2.2 NAME	
STREET ADDRESS	23230-A ISLAND VIEW	2.3 STREET ADDRESS	
CITY-STATE-ZIP	BOCA RATON FL 33433	2.4 CITY-STATE-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRKNER, CINDY	3.2 NAME	
STREET ADDRESS	23208 E. ISLAND VIEW	3.3 STREET ADDRESS	
CITY-STATE-ZIP	BOCA RATON FL 33433	3.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFENBLUM, M.	4.2 NAME	
STREET ADDRESS	23230-F ISLAND VIEW	4.3 STREET ADDRESS	
CITY-STATE-ZIP	BOCA RATON FL 33433	4.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHICK, M.	5.2 NAME	
STREET ADDRESS	23248-B ISLAND VIEW	5.3 STREET ADDRESS	
CITY-STATE-ZIP	BOCA RATON FL 33433	5.4 CITY-STATE-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-STATE-ZIP		6.4 CITY-STATE-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

Cynthia L. Birkner **Cynthia L. Birkner**

1/4/96 **407.392-1422**

DATE DAYTIME PHONE #

CR2E037 (12/95)