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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:34

DOCUMENT # N18387 (3)

1. Corporation Name
VALENCIA AT BOCA POINTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% MWI BROWARD 3500 GATEWAY DRIVE #202 POMPANO BEACH FL 33069	% MWI BROWARD 3500 GATEWAY DRIVE #202 POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1986
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-2819917 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

~~MARTINEZ, MARIAM~~ PD FEDERICK PALMER
~~23472 MIRABELLA CIR S.~~ 23375 Mirabella Circle S.
BOCA RATON FL 03343-3

10. Name and Address of New Registered Agent

81 Name: FREDERICK B. PALMER
82 Street Address (P.O. Box Number is Not Acceptable): 23375 MIRABELLA CIRCLE SOUTH
83: BOCA RATON
84 City: FL 85 Zip Code: 33433

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Frederick Palmer 4/8/95
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	1.1 TITLE	☐ Change ☐ Addition
NAME	LOGANZO, PETER	1.2 NAME	
STREET ADDRESS	23352 MIRABELL CIR S.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	GREENBLATT, BARBARA	2.2 NAME	GLEENBLATT BARBARA
STREET ADDRESS	23376 MIRABELLA CIR S.	2.3 STREET ADDRESS	23376 MIRABELLA CIR S.
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	BOCA RATON, FL. 33433
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	LEVY, HENRY	3.2 NAME	
STREET ADDRESS	23500 MIRABELLA CIR S	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	VSD	4.1 TITLE	SECRETARY DIRECTOR ☒ Change ☐ Addition
NAME	BOSSMAN, JOSEPH	4.2 NAME	BOSSMAN, JOSEPH
STREET ADDRESS	23252 MIRABELLA CIRCLE NORTH	4.3 STREET ADDRESS	23252 MIRABELLA CIR N.
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	BOCA RATON, FL. 33433
TITLE		5.1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME		5.2 NAME	FREDERICK B. PALMER
STREET ADDRESS		5.3 STREET ADDRESS	23375 MIRABELLA CIRCLE SOUTH
CITY-ST-ZIP		5.4 CITY-ST-ZIP	BOCA RATON FL 33433
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: X Henry Levy Treasurer 4/8/95 (305) 968-4481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

000441