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FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90250 049 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N18387

1. Corporation Name

VALENCIA AT BOCA POINTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

951 BROKEN SOUND PKWY.
 STE 250
 BOCA RATON FL 33487

Mailing Address

951 BROKEN SOUND PKWY.
 STE 250
 BOCA RATON FL 33487



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	12/22/1986
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2819917
24 Country	29 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

COMMUNITY ASSOCIATION SERVICES
951 BROKEN SOUND PKWY.
STE 250
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROPPER, MALCOLM D	1.2 NAME	
STREET ADDRESS	7579 MIRABELLA DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AARON, BRUCE	2.2 NAME	
STREET ADDRESS	23423 MIRABELLA CIR. S	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDSTEIN, IRVING	3.2 NAME	MOAT KAEFER
STREET ADDRESS	23360 MIRABELLA CIR. S	3.3 STREET ADDRESS	23404 Mirabella Circle S.
CITY-ST-ZIP	BOCA RATON FL 33433	3.4 CITY-ST-ZIP	Boca Raton, FL 33433
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAPPAPORT, SHELLY	4.2 NAME	SID Rosenberg
STREET ADDRESS	23436 MIRABELLA CIR. S	4.3 STREET ADDRESS	23400 Mirabella Cir S
CITY-ST-ZIP	BOCA RATON FL 33433	4.4 CITY-ST-ZIP	Boca Raton, FL 33433
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDS, STEVE	5.2 NAME	STEVE Richards
STREET ADDRESS	23412 MIRABELLA CR S	5.3 STREET ADDRESS	23412 Mirabella Cr. S.
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	Boca Raton FL
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-ST-ZIP		6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99 (561)395-4794

Date

Daytime Phone #

CR2E037 (1/98)