1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N18387**

1. Corporation Name

VALENCIA AT BOCA POINTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

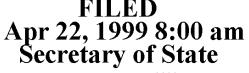
2a. Mailing Address

951 BROKEN SOUND PKWY.

951 BROKEN SOUND PKWY.

STE 250 **BOCA RATON FL 33487** 

**BOCA RATON FL 33487** 



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

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3. Date Incorporated or Qualifed

2. Principal F	Place of Business	2a.	Mailing Address	·	•		3. Date Incorporated or Qualifed			
21		26					12/22/1986			
Suite, Apt.	#, etc.	-	Suite, Apt. #, etc.				4. FEI Number	Арг	plied For	
22		27	_				59-2819917		Applicable	
City & Sta	te , , , , ,	28	City & State				5. Certificate of Status Desired	<b>\$8.75</b> A		
Zip	Country		Zip	Country			6. Election Campaign Financing	\$5.00	May Be	
24	25	29		30		Į	Trust Fund Contribution	Added to		
24	9. Name and Address of Curren		<del></del>				10. Name and Address of New Registered	Agent		
The same of the sa					Name					
000 H H H H H M										
COMMUNITY ASSOCIATION SERVICES					82 Street Address (P.O. Box Number is Not Acceptable)					
	951 BROKEN SOUND PKWY.					<del> </del>		· · · · · · · · · · · · · · · · · · ·		
STE 250				83						
) BOCA RA	TON FL 33487			84	City		FL	85 Zip C	ode	
		0 1 0	47 4500 Florido Statutos	<u> </u>		005005		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.										
agent. I a	am familiar with, and accept the obliga-	tions of,	Section 617.0503, Florid	da Statutes			•			
SIGNATURE	*						hen reinstating) DATE			
	Signature, typed or printed name of registered ager			Registered Ager	nt signature n	required wi	her reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12	
12.	OFFICERS AN	DUIRE	DELETE			<del> </del>	ABBITION OF THE PARTY OF THE PA	Change	Addition	
TITLE	PD		T DECE IE	1.1 TILE		1		□ onengo		
NAME	GROPPER, MALCOLM D			1.2 NAME	l		•			
STREET ADDRESS	7579 MIRABELLA DR.			1.3 STREE	TADDRESS	1				
CITY-ST-ZIP	BOCA RATON FL 33433			1.4 CITY-S	T-ZIP	ļ			Addition	
TITLE	VPD		☐ DELETE	2.1 TITLE				☐ Change	Madihou	
NAME	AARON, BRUCE			2.2 NAME	ŀ	Į.				
STREET ADDRESS	23423 MIRABELLA CIR. S		•	2.3 STREE	TADDRESS		<b>₩</b>			
CITY-ST-ZIP	BOCA RATON FL 33433			2.4 CITY-S	IT-ZIP	<u> </u>				
TITLE	TD		X DELETE	3.1 TITLE		ַ פַּתַדְּי	+ KARPER.	Change	Addition	
NAME	GOLDSTEIN, IRVING		*	3.2 NAME		17246	54 Mirabella Circle S.			
STREET ADDRESS				3.3 STREE	TADDRESS	A SAL		•		
CITY-ST-ZIP	BOCA RATON FL 33433			3.4. C/TY-5	T-ZIP	1 -	A RATON, Fl 33433		<del></del>	
TITLE	SD		DELETE	4.1 TTLE		20	0.00.	Change	Addition	
NAME	RAPPAPORT, SHELLY		<i>Z</i> *	4. 2 NAME		511	1 Rosenberg		*	
STREET ADDRESS	l			4.3 STREE	TADDRESS	239	you minabella Cr 3			
CITY-ST-ZIP	BOCA RATON FL 33433			4.4 CITY-S	T- ZIP	Box	ca Roton, FL 33433			
TITLE	D		☐ DELETE	5.1 TITLE		TD		Change	Addition	
NAME	RICHARDS, STEVE			5.2 NAME		Ste	ue Richards			
STREET ADDRESS	1			5.3 STREE	TADDRESS	234	12 Mianbella CR.S.			
CITY-ST-ZIP	BOCA RATON FL		•	5.4 CITY-S	T-ZIP	Bo	ics Rayon FC	•		
TITLE	BOOM RATOR FL		☐ DELETE	6.1 TITLE		1		☐ Change	☐ Addition	
NAME				6.2 NAME			·			
				6.3 STREE	TADORESS	}				
STREET ADDRESS				64 CITY-S		1		*.	i	

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.