

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 18 PM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N21560 (0)**  
1. Corporation Name  
**BROOK HAVEN OF BOCA RATON PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**5880 SANTIAGO CIRCLE BOCA RATON FL 33433**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/14/1987** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **65-0040417** 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 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 29 30

9. Name and Address of Current Registered Agent  
**MAJER, JANI E., ATTORNEY AT LAW  
1400 W. PALMETTO PARK RD.  
SUITE 440  
BOCA RATON FL 33488**

10. Name and Address of New Registered Agent  
81 Name **60 DISTINCTIVE PLUS MGMT**  
82 Street Address (P.O. Box Number is Not Acceptable) **5197 NW 52 ST**  
83 **COCONUT CK**  
84 City **FL** 85 Zip Code **33073**

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 *Linda Riden* **LINDA RIDEN, MANAGING AGENT** DATE **4/4/95**

12. OFFICERS AND DIRECTORS

TITLE	<b>VO</b>
NAME	<b>PITTELLI, CARMINE LORI McDOWELL</b>
STREET ADDRESS	<b>5884 SANTIAGO CIRCLE 5690 SANTIAGO</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
TITLE	<b>PD</b>
NAME	<b>SPRES, TERRY DAVID MEAD</b>
STREET ADDRESS	<b>5888 SANTIAGO CR. 5688 SANTIAGO</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
TITLE	<b>VE T</b>
NAME	<b>FREEDMAN, JOAN BENAY DORENZ</b>
STREET ADDRESS	<b>5740 SANTIAGO CIR. 5708 SANTIAGO</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
TITLE	<b>VP D</b>
NAME	<b>GLUCK, KAREN 5700 SANTIAGO</b>
STREET ADDRESS	<b>5700 SANTIAGO CIR.</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
TITLE	<b>SD</b>
NAME	<b>NEGER, CAROL NANCY GUILD D</b>
STREET ADDRESS	<b>5648 SANTIAGO CIR. 5664 SANTIAGO</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(2)(4), 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. 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: *Lori M. McDowell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #