

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -5 PM 2:41

DOCUMENT # N22312 (5)

1. Corporation Name

**MAJORCA AT VIA VERDE HOMEOWNERS' ASSOCIATION, I
NC.**

Principal Place of Business

Mailing Address

**% BEACON PROPERTY MANAGEMENT
ONE N. OCEAN BLVD., SUITE 7
BOCA RATON FL 33432**

**% BEACON PROPERTY MANAGEMENT
ONE N. OCEAN BLVD., SUITE 7
BOCA RATON FL 33432**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/01/1987** 3a. Date of Last Report **04/22/1994**
4. FEI Number **65-0037184** Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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. 169.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIS, ERNEST W
% BEACON PROPERTY MANAGEMENT, INC.
ONE N. OCEAN BLVD., SUITE 7
BOCA RATON FL 33432**

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

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

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
NAME	CALCANES, PAUL
STREET ADDRESS	5194 MAJORCA CLUB DR
CITY - ST - ZIP	BOCA RATON FL
TITLE	D
NAME	WATE, BARRY
STREET ADDRESS	5160 MAJORCA CLUB DRIVE
CITY - ST - ZIP	BOCA RATON FL
TITLE	PD
NAME	GOETZ, RICK
STREET ADDRESS	5180 MAJORCA CLUB DR.
CITY - ST - ZIP	BOCA RATON FL
TITLE	TD
NAME	GIACOBBE, JOHN A.
STREET ADDRESS	3218 MAJORCA CLUB DRIVE
CITY - ST - ZIP	BOCA RATON FL
TITLE	GD
NAME	GOODWIN, JULIE
STREET ADDRESS	5163 MAJORCA CLUB DR
CITY - ST - ZIP	BOCA RATON FL
TITLE	D
NAME	CAPONE, EDDIE
STREET ADDRESS	5172 MAJORCA CLUB DR
CITY - ST - ZIP	BOCA RATON FL

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 checked="" type="checkbox"/> Addition
5.2 NAME	S.D. Larry Mallett
5.3 STREET ADDRESS	5138 Majorca Club Drive
5.4 CITY - ST - ZIP	Boca-Raton, FL 33486
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D. Howard Steinberg
6.3 STREET ADDRESS	5222 Majorca Club Drive
6.4 CITY - ST - ZIP	Boca-Raton, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemption under Section 110.07(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 B17, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE:

Paul J. Calcanes, Vice President 3/30/95 407-250-0016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE