

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N22312 (5)**

1. Corporation Name

MARJORCA AT VIA VERDE HOMEOWNERS' ASSOCIATION, INC.



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

3. Date incorporated or Qualified
09/01/1987

3a. Date of Last Report
04/05/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
65-0037184

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

8. This corporation has liability for intangible tax under s. 199.032, 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 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 re-instating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
VD	CALCANES, PAUL	5194 MAJORCA CLUB DR	BOCA RATON FL	<input type="checkbox"/>
D	WAITE, BARRY	5160 MAJORCA CLUB DRIVE	BOCA RATON FL	<input checked="" type="checkbox"/>
PD	GOETZ, RICK	5190 MAJORCA CLUB DR.	BOCA RATON FL	<input type="checkbox"/>
TD	GIACOBBE, JOHN A.	5218 MAJORCA CLUB DRIVE	BOCA RATON FL	<input checked="" type="checkbox"/>
SD	MALLET, LARRY	5138 MAJORCA CLUB DR	BOCA RATON FL	<input checked="" type="checkbox"/>
D	STEINBERG, HOWARD	5222 MAJORCA CLUB DR	BOCA RATON FL	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
TD	BARRY SABLOSTKY	10647 ST. THOMAS DR.	BOCA RATON, FL.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	Phillip Goodwin	5163 MAJORCA CLUB DR	BOCA RATON, FL.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	LEONARD, N. MATHSKAN	5206 MAJORCA CLUB DR.	BOCA RATON, FL.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	MALLET, LARRY	5138 MAJORCA CLUB DR.	BOCA RATON, FL.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paul Swaden* for the Bod. Paul Swaden Property Manager 3/20/96 (407)7376722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E037 (12/95)