

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -9 AM 9:06

DOCUMENT # N27054 (8)

1. Corporation Name

PALOMAR AT BOCA POINTE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O STEVEN L. DANIELS
301 YAMAT RD STE 4150
BOCA RATON FL 33431
US

C/O STEVEN L. DANIELS
301 YAMATO RD STE 4150
BOCA RATON FL 33431
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/21/1988

3a. Date of Last Report
04/04/1994

4. FEI Number
65-0106153

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 Suits, Apt. #, etc.

26 Suits, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DANIELS, STEVEN L.
301 YAMATO ROAD #4150
BOCA RATON FL 33431

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
YOUNG, JANE
7272 VIA PALOMAR
BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
KOCHMAN, RUTH
7304 VIA PALOMAR
BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
KRONISH, ROBERT
22574 ESPLANADA DRIVE
BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
EISENBERG, IRVING
7248 VIA PALOMAR
BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
COHEN, GILBERT
7252 VIA PALOMAR
BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
TEPPER, HOPE
2255B ESPLANADA DR
BOCA RATON FL

PLEASE SEE ATTACHED.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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(3)(b), 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: X

(SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR)

Jane S. Young

2.27.95 362-5725 (457)

Date

(Typed Name)