

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 # **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

3. Date Incorporated or Qualified
06/21/1988

3a. Date of Last Report
03/09/1995

2. Principal Place of Business

2a. Mailing Address

21 **441 S ST RD 7**

26 **441 S ST RD 7**

4. FEI Number
65-0106153

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 4**

27 **SUITE 4**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State

City & State

23 **MARGATE FL**

28 **MARGATE FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **33068**

25 **BRWD**

29 **33068**

30 **BRWD**

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

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

81 Name **SUNVEST MANAGEMENT**

82 Street Address (P.O. Box Number is Not Acceptable)

441 S ST RD 7 #4

83

84 City

MARGATE

FL

85 Zip Code

33068

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 provisions 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 reinstating)

2/22/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** DELETE

NAME **YOUNG, JANE**
STREET ADDRESS **7272 VIA PALOMAR**
CITY-ST-ZIP **BOCA RATON FL**

1.1 TITLE **D** Change Addition

1.2 NAME **BEN ARKIN**
1.3 STREET ADDRESS **22578 Esplanada Drive**
1.4 CITY-ST-ZIP **Boca Raton FL 33433**

TITLE **TD** DELETE

NAME **KOCHMAN, RUTH**
STREET ADDRESS **7304 VIA PALOMAR**
CITY-ST-ZIP **BOCA RATON FL**

2.1 TITLE **D** Change Addition

2.2 NAME **Sol. Katz**
2.3 STREET ADDRESS **VIA Palomar**
2.4 CITY-ST-ZIP **7279 Esplanada Drive Boca Raton FL 33433**

TITLE **& VP** DELETE

NAME **KRONISH, ROBERT**
STREET ADDRESS **22574 ESPLANADA DRIVE**
CITY-ST-ZIP **BOCA RATON FL**

3.1 TITLE Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** DELETE

NAME **EISENBERG, IRVING**
STREET ADDRESS **7248 VIA PALOMAR**
CITY-ST-ZIP **BOCA RATON FL**

4.1 TITLE Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **V** DELETE

NAME **COHEN, GILBERT**
STREET ADDRESS **7252 VIA PALOMAR**
CITY-ST-ZIP **BOCA RATON FL**

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** DELETE

NAME **TEPPER, HOPE**
STREET ADDRESS **2255B ESPLANADA DR**
CITY-ST-ZIP **BOCA RATON FL**

6.1 TITLE Change 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jane S. Young **JANE S. YOUNG (P)** 1/29/96 (407) 362-5725

Date

Telephone #

CR2E037 (12/95)