

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 08 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # N 27054**  
 1. Corporation Name  
**PALOMAR AT BOCA PONTE HOMEOWNERS ASSOCIATION INC.**

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 c/o UNITS COMM MGT COOP	26 c/o UNITS COMM MGT COOP	65-0106153	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 3300 UNIV DRIVE #405	27 3300 UNIV. DRIVE #405	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 CORAL SPRINGS FL	28 CORAL SPRINGS FL	<input type="checkbox"/>	
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24 33065	29 33065		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name  
**UNITS COMMUNITY MGT. COOP**

82 Street Address (P.O. Box Number is Not Acceptable)  
**3300 UNIV DRIVE #405**

83

84 City  
**CORAL SPRINGS** FL 85 Zip Code  
**33065**

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 **UNITS COMMUNITY MGT COOP** DATE **4/24/97**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<b>P O YOUNG JANE</b>
STREET ADDRESS	<b>7272 VIA PALOMAR BOCA RATON FL 33433</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>T O KOCHMAN, RUTH</b>
STREET ADDRESS	<b>7304 VIA PALOMAR BOCA RATON FL 33433</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D V.S. D KRONKH, ROBERT</b>
STREET ADDRESS	<b>2274 ESPANADA WAY BOCA RATON FL 33433</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D EISENBERG, IRVING</b>
STREET ADDRESS	<b>7248 VIA PALOMAR BOCA RATON FL 33433</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D KATZ SOL</b>
STREET ADDRESS	<b>7279 VIA PALOMAR BOCA RATON FL 33433</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D FRANK, MARTIN</b>
STREET ADDRESS	<b>7247 VIA PALOMAR BOCA RATON FL 33433</b>
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	

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Ruth Kochman** DATE: **4/14/97** DAYTIME PHONE: **(561) 495-0660**

TREASURER

CR2E037 (9/96)