

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 # **N28673 (4)**

1. Corporation Name
IMPRESSIONS AT BOCA CHASE HOMEOWNERS ASSOCIATION 9B, INC.



Principal Place of Business Mailing Address
%ALLSTATE PROPERTY MANAGEMENT & REALTY
21000 BOCA RIO RD. A-9
BOCA RATON FL 33433

3. Date Incorporated or Qualified **10/03/1988** 3a. Date of Last Report **05/01/1995**
4. FEI Number **65-0152323** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
BEN BERGER
%ALLSTATE PROPERTY MANAGEMENT & REALTY INC
21000 BOCA RIO RD. A-9
BOCA RATON FL 33433

10. Name and Address of New Registered Agent
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 Ben Berger DATE 4/1/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, NANCY	12 NAME	
STREET ADDRESS	11109 LAKEAIRE CIR.	13 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33498	14 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, SHERYL	22 NAME	
STREET ADDRESS	11419 CORAL BAY DR.	23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33498	24 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROVENZANO, ELAINE	32 NAME	
STREET ADDRESS	21270 SAWMILL CT	33 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEROF, JEAN	42 NAME	DV
STREET ADDRESS	21370 SAWMILL CT	43 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASCHEVER, NORMAN	52 NAME	
STREET ADDRESS	21310 MILLBROOK CT	53 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	D
STREET ADDRESS		63 STREET ADDRESS	JOHN PROVENZANO
CITY-ST-ZIP		64 CITY-ST-ZIP	21270 SAWMILL CT.
			BOCA RATON FL 33498

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: Nancy E. Ross DATE: 3/29/96 PHONE: 907 488 2711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)