

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 # N31182 (1)

1. Corporation Name

CORAL BAY AT BOCA CHASE HOMEOWNERS ASSOCIATION, INC.



600001869066
-06/20/96--01026--006

Principal Place of Business Mailing Address
C/O SPECIALTY MGMT CO 220 CONGRESS PARK DR. STE 200-130 DELRAY BCH FL 33445 US

3. Date of Last Report Qualified 03/14/1989	3a. Date of Last Report 04/04/1995
4. FEI Number 65-0152323	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BURTON, GERALD 18051 CLEARBROOK CIR BOCA RATON FL 33408		81 Name LILLYN KORNSPAN	85 Zip Code 33498
		82 Street Address (P.O. Box Number is Not Acceptable) 18304 CLEARBROOK CIRCLE	
		83	
		84 City BOCA RATON, FL	

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 *Lillyn Kornspan* 6/3/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURTON, GERALD	1.2 NAME	MAIMONI, BARBARA
STREET ADDRESS	18051 CLEARBROOK CIR.	1.3 STREET ADDRESS	18252 CLEARBROOK CRICLE
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	BOCA RATON, FL
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLLADA, MIKE	2.2 NAME	GOLLADA, MIKE
STREET ADDRESS	18317 FRESH LAKE WAY	2.3 STREET ADDRESS	18317 FRESH LAKE WAY
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	BOCA RATON, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEMEROFF, GERALD	3.2 NAME	SPERA, ANGELA
STREET ADDRESS	18074 CLEARBROOK CIR	3.3 STREET ADDRESS	18227 FRESH LAKE WAY
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	BOCA RATON, FL
TITLE	TS <input type="checkbox"/> DELETE	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLETTI, PAT	4.2 NAME	SOLETTI, PAT
STREET ADDRESS	18164 CLEARBROOK CIRCLE	4.3 STREET ADDRESS	18164 CLEARBROOK CIRCLE
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	BOCA RATON, FL
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORNSPAN, LILLYN	5.2 NAME	KORNSPAN, LILLYN
STREET ADDRESS	18304 CLEARBROOK CIRCLE	5.3 STREET ADDRESS	18304 CLEARBROOK CIRCLE
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	BOCA RATON, FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	KATHY PARFITT
STREET ADDRESS		6.3 STREET ADDRESS	18239 FRESH LAKE WAY
CITY-ST-ZIP		6.4 CITY-ST-ZIP	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 *Lillyn Kornspan* 4/22/96 852-0228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)