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Feb 03 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 # N93000000711 (2)

1. Corporation Name

MONTEGO BAY AT BOCA POINTE CONDOMINIUM NO. 5 ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O GOLDMAN & JUDA P.A.
7771 WEST OAKLAND PARK BLVD., STE 201
FT. LAUDERDALE FL 33351

C/O GOLDMAN & JUDA P.A.
7771 WEST OAKLAND PARK BLVD., STE 201
FT. LAUDERDALE FL 33351-6787



3. Date Incorporated or Qualified
02/17/1993

3a. Date of Last Report
02/01/1996

4. FEI Number

65-0026955

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

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOLDMAN & JUDA P.A.
7771 WEST OAKLAND PARK BLVD.
SUITE 201
FT. LAUDERDALE FL 33351**

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

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 ☐ DELETE
NAME **DP**
STREET ADDRESS **BARTER, RICHARD**
CITY-ST-ZIP **22799-G TRELAUNY TERR.
BOCA RATON FL 33433**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **BARTER, RICHARD**
1.3 STREET ADDRESS **22799 G TRELAUNY TERR**
1.4 CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE ☐ DELETE
NAME **DVP**
STREET ADDRESS **GOLDSTEIN, ROBERT**
CITY-ST-ZIP **6769-D MONTEGO BAY BLVD.
BOCA RATON FL 33433**

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

TITLE ☐ DELETE
NAME **DST**
STREET ADDRESS **WARSHAW, FAYE**
CITY-ST-ZIP **6752 B MONTEGO BAY BLVD.
BOCA RATON FL 33433**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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; 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: **Richard Barten**

1/16/97

954 834000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0037815