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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000711

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26 8211 W. Broward Blvd.	02/17/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 PH 1- 5th Floor	4. FEI Number 65-0026955 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Plantation, FL	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 / Country 25	Zip 29 33324 / Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

Goldman Juda & Martin, P.A.
8211 W. Broward Blvd
SUITE PH 1 - 5TH FLOOR
PLANTATION, FL. 33324

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 _____ DATE
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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BARTER, RICHARD		1.2 NAME		
STREET ADDRESS	22799-G TRELAUNY TERR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GOLDSTEIN, ROBERT		2.2 NAME		
STREET ADDRESS	6769-D MONTEGO BAY BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		2.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WARSHAW, FAYE		3.2 NAME		
STREET ADDRESS	6752-B MONTEGO BAY BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Richard Barter pres/dir 3/18/99 954 563 4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #