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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90008 003 \*\*\*\*61.25

**DOCUMENT # N95000000460**

1. Corporation Name

**GREATER BOCA RATON CHAPTER ASSOCIATION OF LEGAL ADMINISTRATORS, INC.**

Principal Place of Business

2000 GLADES ROAD  
SUITE 400  
BOCA RATON FL 33431  
US

Mailing Address

2000 GLADES ROAD  
SUITE 400  
BOCA RATON FL 33431  
US



2. Principal Place of Business

21 7900 Glades Road

Suite, Apt. #, etc.

22 Suite 330

City & State

23 Boca Raton, FL

Zip

24 33434

Country

25 USA

2a. Mailing Address

26 7900 Glades Road

Suite, Apt. #, etc.

27 Suite 330

City & State

28 Boca Raton, FL

Zip

29 33434

Country

30 USA

3. Date Incorporated or Qualified

01/30/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Added to Fees

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.  
1201 HAYS ST.  
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME GORDILLO, MARIA

STREET ADDRESS 2000 GLADES ROAD STE 400

CITY-ST-ZIP BOCA RATON FL

TITLE DV ☐ DELETE

NAME PIRES, ALEX W

STREET ADDRESS TOWER B - SUITE 300 4800 N FEDERAL HWY

CITY-ST-ZIP BOCA RATON FL

TITLE DS ☐ DELETE

NAME MESSINA, JILL

STREET ADDRESS 7900 GLADES ROAD STE 330

CITY-ST-ZIP BOCA RATON FL

TITLE T ☐ DELETE

NAME OTT, DOLORES C

STREET ADDRESS 2101 CORPORATE BLVD STE 220

CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME MESSINA, JILL

1.3 STREET ADDRESS 7900 Glades Road, Suite 330

1.4 CITY-ST-ZIP Boca Raton, FL 33434

2.1 TITLE DV ☒ Change ☐ Addition

2.2 NAME BOLL, DENNIS M.

2.3 STREET ADDRESS 798 South Federal Highway

2.4 CITY-ST-ZIP Boca Raton, FL 33429

3.1 TITLE DS ☒ Change ☐ Addition

3.2 NAME GOODRICH, KATHLEEN

3.3 STREET ADDRESS 2600 North Military Trail, 4th Flr

3.4 CITY-ST-ZIP Boca Raton, FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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]*

4/23/99

(561) 988-2100

CR2E037 (11/98)