FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT #**

N95000001404 (1)

THE PRESERVE AT BOCA RATON HOA, INC.

Principal Place of Business Mailing Address **%TOLL BROTHERS. INC. %TOLL BROTHERS. INC.** 3103 PHILMONT AVE. 3103 PHILMONT AVE. **HUNTINGDON VALLEY PA 19006-4225 HUNTINGDON VALLEY PA 19006** 3. Date Incorporated or Qualified 3a. Date of Last Report 03/22/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 23-2842340 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П Added to Fees 23 28 Trust Fund Contribution Ζφ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes X No Florida Statutes 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CT CORPORATION SYSTEM 82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. 83 PLANTATION FL 33324 84 City Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fforda 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 Fforda. 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, Fforda Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ☐ Addition TITLE PD 1.1 TITLE SCHMIDT, WILLIAM NAME 1.2 NAME 1950 YAMATO RD STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** 1.4 CITY-ST-ZIP CHTY-ST-ZIP DELETE 2.1 TITLE ☐ Change Addition TITLE VTD GARD, EDWIN 2.2 NAME NAME 1950 YAMATO RD STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change Addition TITLE SD DONNER, KENNETH 3.2 NAME NAME 1950 YAMATO RD STREET ADDRESS 3.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 3.4 CITY-ST-7IP TITLE DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City - St - ZIP CITY-ST-ZIP ☐ DELETE ☐ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ DELETE 6.1 TITLE Change Addition 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

2.20.97

561.241.0925

(96/6)

FILED

Mar 11 1997 8:00am

Secretary of State