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NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #** N95000001404 (1)

FILED						
Feb 17 1998 8:00am	l					
Secretary of State						

THE P	RESERVE AT BOCA RATON	HOA, INC.	,	L JEGINIËR BIÐ JORÐ GUNJ AÐUN BÐIN BONN AÐIÐ HRAN BRIN ÁÐIÐ HRAN ÁÐIÐ ÓÐIN ÓÐIN ÓÐIN ÓÐIN ÓÐIN ÓÐIN ÓÐIN Ó
Principal Place	e of Business	Mailing Address		
%TOLL BROTHERS, INC. 3103 PHILMONT AVE.		%TOLL BROTHERS. INC. 3103 PHILMONT AVE.		3. Date Incorporated or Qualified
HUNTINGDON 1	VALLEY PA 19006	HUNTINGDON VALLEY P	A 19006	03/22/1995 4. FEI Number Applied For
				23-2842340 Not Applicable
2. Principal P	lace of Business	2a. Mailing Address		CO 75 Additional
21		26		5. Certificate of Status Desired
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22		27	<u></u> -	Trust Fund Contribution Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?
Zip	Country	Ζιρ	Country	8. This corporation owes or has paid the current year intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered Agent
			81 Name	
1	CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD.			Address (P.O. Box Number is Not Acceptable)
7	PLANTATION FL 33324			
			84 City	FI 85 Zip Code
1	to the provisions of Sections 617.050 egistered agent, or both, in the State in familiar with, and accept the oblig	2 and 617.1508, Florida Stat of Florida Such change wa ations of, Section 617.0503,	utes, the above-named of sauthorized by the corporation of the corpora	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (N	OTE: Registered Agent eignature r	required when reinstating) DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	Change Addition
NAME	SCHMIDT, WILLIAM		1.2 NAME	
STREET ADDRESS	1950 YAMATO RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY - ST - ZIP	
TITLE	VTD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GARD, EDWIN		2.2 NAME	
STREET ADDRESS	1950 YAMATO RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	DELETE	2. 4 CITY-ST-ZIP	-> ☐ Change ☐ Addition
TITLE	SD PONINED REPRESENTED	L DELETE	3.1 TITLE	-> ~w
NAME	DONNER, KENNETH		3.2 NAME	
STREET ADDRESS	1950 YAMATO RD		3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	BOCA RATON FL	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	☐ Change ☐ Addition
1		C occur	1	Ti cuando Ti vonnon
NAME CTREET ACCRECC			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition
NAME		C Mill	5.2 NAME	m visite 🗖 vocitori
1 1			a l	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition

41. 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP