

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N95000004537 (5)**  
 1. Corporation Name

**GRAND CAY ESTATES AT BOCA HIGHLAND YACHT BASIN P  
 ROPEY OWNERS' ASSOCIATION, INC.**



Principal Place of Business: **GRAND COURT BEACH FL 33487**  
 Mailing Address: **1018 GRAND COURT HIGHLAND BEACH FL 33487**

22. Principal Place of Business: **GRAND COURT BEACH FL 33487**  
 23. City & State: **Highland Beach FL**  
 24. Zip: **33487**  
 25. Country: **USA**  
 26. Mailing Address: **1018 GRAND COURT HIGHLAND BEACH FL 33487**  
 27. Suite, Apt. #, etc.:   
 28. City & State: **Highland Beach FL**  
 29. Zip: **33487**  
 30. Country: **USA**

3. Date Incorporated or Qualified: **09/22/1995**  
 3a. Date of Last Report:   
 4. FEI Number:  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

**9. Name and Address of Current Registered Agent**  
**WEXELMAN, HOWARD**  
**1018 GRAND COURT**  
**HIGHLAND BEACH FL 33487**

**10. Name and Address of New Registered Agent**  
 81. Name:   
 82. Street Address (P.O. Box Number is Not Acceptable):   
 83.   
 84. City:  85. Zip Code: **FL**

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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEXELMAN, HOWARD</b>	1.2 NAME	
STREET ADDRESS	<b>1018 GRAND COURT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIGHLAND BEACH FL 33487</b>	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	<b>WEXELMAN, STUART</b>	2.2 NAME	
STREET ADDRESS	<b>1018 GRAND COURT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIGHLAND BEACH FL 33487</b>	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	<b>RANKIN, RICHARD</b>	3.2 NAME	
STREET ADDRESS	<b>1018 GRAND COURT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIGHLAND BEACH FL 33487</b>	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	<b>PIERCE, KENNETH</b>	4.2 NAME	
STREET ADDRESS	<b>1018 GRAND COURT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIGHLAND BEACH FL 33487</b>	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Howard Wexelman Date: Aug 1 96 Daytime Phone #: 407 750 0500  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)