FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Sw 16th PL

DOCUMENT # N9500004537

1. Corporation Name

GRAND CAY ESTATES AT BOCA HIGHLAND YACHT BASIN P ROPERTY: OWNERS' ASSOCIATION, INC.

PLACE

Principal Place of Business

1018 GRAND COURT HIGHLAND BEACH FL 33487

2. Principal Place of Business

22

1500 PASKAY

Mailing Address

2a. Mailing Address

26

27

2246

Suite, Apt. #, etc.

1018 GRAND COURT HIGHLAND BEACH FL 33487

FILED Aug 03, 1999 8:00 am § Secretary of State

08-03-1999 90006 033 ****61.25

|--|--|

Date incorporated or Qualifed

NOT APPLICABLE

09/22/1995

FEI Number

| City & State | 1 | City & State BOCA RATIO | J FL | 5. Certifcate of Status Desired | \$6./3 Additional Fee Required | |
|--|---|----------------------------------|-----------------|--|--|--|
| Zip 23./ | Country | ¬ ~ ~ . / ~ | ountry | 6. Election Campaign Financing | \$5.00 May Be | |
| 24 3 34 | | 29 33486 30 | <u> </u> | Trust Fund Contribution | Added to Fees | |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name | | | | | | |
| | | | | | | |
| WEXELMAN, HOWARD | | | 82 Street | Address (P.O. Box Number is Not Acceptable) | | |
| 1018 GRAND COURT | | | 83 | | | |
| HIGHLAND BEACH FL 33487 | | | | | | |
| | | Margarian Carlos Santa | 84 City | | EL 85 Zip Code | |
| office or r | to the provisions of Sections 617.0502 a egistered agent, or both, in the State of F m familiar with, and accept the obligation | lorida. Such change was authoriz | ed by the corpo | corporation submits this statement for the purpose oration's board of directors. I hereby accept the ap | of changing its registered pointment as registered | |
| SIGNATURE | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE OATE | | | | | | |
| 12. | OFFICERS AND D | SINEOTONO | TITLE | D . | Change Addition | |
| TITLE NAME | d Wexelman, Howard | | NAME | Wexelman Howard | 7 | |
| | ANA ORANG COLICE | | STREET ADDRESS | |) | |
| STREET ADDRESS | | | - | Majaras CL 3380 | .2 | |
| CITY-ST-ZIP | HIGHLAND BEACH FL 33487 | | TITLE | CHAMACAPAN, PC 3000 | Change Addition | |
| TITLE | D | _ | | Waxdaal Color | , | |
| NAME | WEXELMAN, STUART | | NAME | WEREIMME, STUNIS | , | |
| STREET ADDRESS | | *** | STREET ADORESS | Madel 1334 FL 334 | 162 - | |
| CITY-ST-ZIP | HIGHLAND BEACH FL 33487 | | 4 CITY-ST-ZIP | MANAUAJOAR , FL SUY | Change ☐ Addition | |
| TITLE | D | ☐ DELETE 3.1 | ITITLE | , , | □ Change □ Addition | |
| NAME | PIERCE, KENNETH | 3.2 | NAME | | } | |
| STREET ADDRESS | 1016 GRAND COURT | 3.3 | STREET ADDRESS | | 1 | |
| CITY-ST-ZIP | HIGHLAND BEACH FL 33487 | 3.4 | , CITY-ST-ZIP | | <u> </u> | |
| TITLE | | DELETE 4.1 | TITLE | | ☐ Change ☐ Addition | |
| NAME | · . · | 4.2 | 2 NAME | | 1 | |
| STREET ADDRESS | | 4.3 | STREET ADDRESS | | { | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| TITLE | | | TITLE | | ☐ Change ☐ Addition | |
| NAME | | 5.2 | NAME | | \ | |
| STREET ADORESS | | 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 | <u> </u> | 6.4 | CITY-ST-ZIP | | 1 | |
| MIT-31-ZIP | <u> </u> | | | in Casting 440 07/3/6) Florida Statutos I further | cortify that the information | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida indicated on this annual report or supplied with an address, in the exemption stated in Section 13.07(3)(f), indicaded states. I find a claim plan to a find control indicated on this 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 attachrypht with an address, with all other tike empowered.

SIGNATURE:

Applied For

Not Applicable