


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 19 1997 8:00am  
Secretary of State

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| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> | <br>FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|--|

DOCUMENT # N 96 000003670

1. Corporation Name

East Boca Village Neighborhood Association, Inc

Principal Place of Business

Mailing Address

400002217724

-06/20/97--01002--030

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|                                |  |                     |  |                                   |  |   |  |
|--------------------------------|--|---------------------|--|-----------------------------------|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 3. Date incorporated or Qualified |  | 3a. Date of Last Report   |  |
| 21 PO Box 4513                 |  | 26 PO Box 4513      |  | 7-11-96                           |  |   |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 4. FEI Number                     |  | Applied For   |  |
| 22                             |  | 27                  |  | 65-0687136                        |  | Not Applicable  |  |
| City & State                   |  | City & State        |  | 5. Certificate of Status Desired  |  | <input type="checkbox"/> \$8.75 Additional Fee Required                                 |  |
| 23 Boca Raton, FL              |  | 28 Boca Raton, FL   |  | 6. Election Campaign Financing    |  | <input type="checkbox"/> \$5.00 May Be Added to Fees                                    |  |
| Zip                            |  | Zip                 |  | Trust Fund Contribution           |  |   |  |
| 24 33429-4513                  |  | 29 33429-4513       |  | 30 USA                            |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |  |
| Country                        |  | Country             |  |                                   |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                     |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

|   |                  |
|---|------------------|
| 81 Name   | Thomas R McKay   |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 430 NE 37 Street |
| 83  | 1                |
| 84 City   | Boca Raton, FL   |
| 85 Zip Code   | 33431            |

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 Thomas R McKay Thomas R McKay Treasurer 5-18-97  
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when re-installing) DATE

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---------------------------------|---|--|
| TITLE                      | <input type="checkbox"/> DELETE | 1.1 TITLE   | PD <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 1.2 NAME  | Michael Weppner  |
| STREET ADDRESS             |                                 | 1.3 STREET ADDRESS                                    | 320 NE 23 Way  |
| CITY-ST-ZIP                |                                 | 1.4 CITY-ST-ZIP                                       | Boca Raton FL 33431  |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE   | VD <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 2.2 NAME  | Kerry Weppner  |
| STREET ADDRESS             |                                 | 2.3 STREET ADDRESS                                    | 320 NE 23 Way  |
| CITY-ST-ZIP                |                                 | 2.4 CITY-ST-ZIP                                       | Boca Raton FL 33431  |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE   | TD <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 3.2 NAME  | Thomas McKay   |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS                                    | 430 NE 37 Street   |
| CITY-ST-ZIP                |                                 | 3.4 CITY-ST-ZIP                                       | Boca Raton FL 33431  |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE   | SD <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 4.2 NAME  | Susan Feldmann   |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS                                    | <del>PO Box 15</del> 398 NE 25 Terrace                               |
| CITY-ST-ZIP                |                                 | 4.4 CITY-ST-ZIP                                       | Boca Raton FL 33429  |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE   | D <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       |                                 | 5.2 NAME  | Alejandro Zurita   |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    | 456 NE 28 Terrace  |
| CITY-ST-ZIP                |                                 | 5.4 CITY-ST-ZIP                                       | Boca Raton FL 33431  |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE   | D <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       |                                 | 6.2 NAME  | Annie Walker   |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    | 2798 NE 25 Terrace   |
| CITY-ST-ZIP                |                                 | 6.4 CITY-ST-ZIP                                       | Boca Raton FL 33431  |

14. I do 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.

SIGNATURE: Thomas R McKay Thomas R McKay 5-20-97 561-395-8966  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)