

FILE NOW: FILING FEE IS \$61.25

FILED

May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000003670 (4)
 1. Corporation Name
EAST BOCA VILLAGE NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business PO BOX 4513 BOCA RATON FL 33429-4513	Mailing Address PO BOX 4513 BOCA RATON FL 33429-4513
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3. Date Incorporated or Qualified 07/11/1996
4. FEI Number 65-0687136
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**MCKAY, THOMAS R
430 NE 37 STREET
BOCA RATON FL 33431**

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

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WEPPNER, MICHAEL
STREET ADDRESS	320 N.E. 23RD WAY
CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	WEPPNER, KERRY
STREET ADDRESS	320 NE 23 WAY
CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	TD <input type="checkbox"/> DELETE
NAME	MCKAY, THOMAS
STREET ADDRESS	430 NE 37 STREET
CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	FELDMANN, SUSAN
STREET ADDRESS	398 NE 25 TERRACE
CITY-ST-ZIP	BOCA RATON FL 33429
TITLE	D <input type="checkbox"/> DELETE
NAME	ZURITA, ALEJANDRO
STREET ADDRESS	458 NE 28 TERRACE
CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	D <input type="checkbox"/> DELETE
NAME	WALKER, ANNIE
STREET ADDRESS	2798 NE 25 TERRACE
CITY-ST-ZIP	BOCA RATON FL 33431

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P/D PEARSON, RON
1.3 STREET ADDRESS	300 NE 26 Street
1.4 CITY-ST-ZIP	Boca Raton, FL 33431
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	V/D EVANS, JEFF
2.3 STREET ADDRESS	2399 NE 4 Ave
2.4 CITY-ST-ZIP	Boca Raton, FL 33431
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	S/D McKay, Patricia
4.3 STREET ADDRESS	430 NE 37 Street
4.4 CITY-ST-ZIP	Boca Raton, FL 33431
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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.

SIGNATURE: **Thomas R. McKay, Treasurer 430 98 561-395-8966**

CP2E037 (10/97)