

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90022 011 ****61.25

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1. Corporation Name

EAST BOCA VILLAGE NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PO BOX 4513
BOCA RATON FL 33429-4513

PO BOX 4513
BOCA RATON FL 33429-4513



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

3. Date Incorporated or Qualified

07/11/1996

4. FEI Number

65-0687136

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

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

FL

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 PD
NAME PEASLEY, RON
STREET ADDRESS 300 NE 26TH ST
CITY-ST-ZIP BOCA RATON FL 33431

DELETE

TITLE VD
NAME EVANS, JEFF
STREET ADDRESS 2399 NE 4TH AVE
CITY-ST-ZIP BOCA RATON FL 33431

DELETE

TITLE TD
NAME MCKAY, THOMAS
STREET ADDRESS 430 NE 37 STREET
CITY-ST-ZIP BOCA RATON FL 33431

DELETE

TITLE SD
NAME MATSAY, PATRICIA
STREET ADDRESS 430 NE 37 ST
CITY-ST-ZIP BOCA RATON FL 33431

DELETE

TITLE D
NAME ZURITA, ALEJANDRO
STREET ADDRESS 456 NE 28 TERRACE
CITY-ST-ZIP BOCA RATON FL 33431

DELETE

TITLE D
NAME WALKER, ANNIE
STREET ADDRESS 2798 NE 25 TERRACE
CITY-ST-ZIP BOCA RATON FL 33431

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D Change Addition

1.2 NAME PATRICIA MCKAY
1.3 STREET ADDRESS 430 N.E. 37 STREET
1.4 CITY-ST-ZIP BOCA RATON, FL 33431

2.1 TITLE Change Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE S/D Change Addition

4.2 NAME ROBIN RAVESON
4.3 STREET ADDRESS 435 N.E. 35TH STREET
4.4 CITY-ST-ZIP BOCA RATON, FL 33431

5.1 TITLE D Change Addition

5.2 NAME RON PEASLEY
5.3 STREET ADDRESS 300 N.E. 26 STREET
5.4 CITY-ST-ZIP BOCA RATON, FL 33431

6.1 TITLE D Change Addition

6.2 NAME BILL FULLER
6.3 STREET ADDRESS 200 NE 26 STREET
6.4 CITY-ST-ZIP BOCA RATON, FL 33431

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, with all other like empowered.

SIGNATURE:

Thomas R McKay

4-29-99 - 561-395-8966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)