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May 16 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000004671 (1)

1. Corporation Name

THE OCEAN HOUSES OF BOCA-HIGHLAND HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

900 NORTH FEDERAL HIGHWAY, SUITE 380
BOCA RATON FL 33432

900 NORTH FEDERAL HIGHWAY, SUITE 380
BOCA RATON FL 33432-2754



2. Principal Place of Business

2a. Mailing Address

21 101 S CONGRESS AVE
Suite, Apt. #, etc.

26 101 S CONGRESS AVE
Suite, Apt. #, etc.

22 City & State

27 City & State

23 DELRAY BEACH FL
Zip Country

28 DELRAY BEACH FL
Zip Country

24 33445

25

29 33445

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/05/1996

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

10. Name and Address of New Registered Agent

LEVINE, JEFFREY A

900 NORTH FEDERAL HIGHWAY, SUITE 380
BOCA RATON FL 33432

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 DP
NAME GORDON, GARY
STREET ADDRESS 900 NORTH FEDERAL HIGHWAY, SUITE 380
CITY - ST - ZIP BOCA RATON FL 33432

TITLE DVT
NAME KOOLIK, IAN
STREET ADDRESS 900 NORTH FEDERAL HIGHWAY, SUITE 380
CITY - ST - ZIP BOCA RATON FL 33432

TITLE DS
NAME GORDON, ROBERT
STREET ADDRESS 900 NORTH FEDERAL HIGHWAY, SUITE 380
CITY - ST - ZIP BOCA RATON FL 33432

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME GORDON, GARY
1.3 STREET ADDRESS 101 S. CONGRESS AVE.
1.4 CITY - ST - ZIP DELRAY BEACH FL 33445

2.1 TITLE DVT
2.2 NAME KOOLIK, IAN
2.3 STREET ADDRESS 101 S. CONGRESS AVE.
2.4 CITY - ST - ZIP DELRAY BEACH FL 33445

3.1 TITLE DS
3.2 NAME GORDON, ROBERT
3.3 STREET ADDRESS 101 S CONGRESS AVE
3.4 CITY - ST - ZIP DELRAY BEACH FL 33445

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 with an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dayside Phone # 0038787

CR2E037 (9/96)