
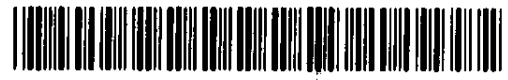


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 12 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000001698 (6)**  
 1. Corporation Name  
**ADDISON COURT PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>2240 WOOLBRIGHT RD STE 307 BOYNTON BEACH FL 33426-6325</b>	Mailing Address <b>2240 WOOLBRIGHT RD STE 307 BOYNTON BEACH FL 33426-6325</b>
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3. Date Incorporated or Qualified <b>03/24/1997</b>	
4. FEI Number <b>65-0852896</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 <b>1951 NW 19 STREET</b> Suite, Apt. #, etc. 22 <b>#103</b> City & State 23 <b>BOCA RATON FL</b> Zip 24 <b>33431</b>	2a. Mailing Address 26 <b>1951 NW 19 STREET</b> Suite, Apt. #, etc. 27 <b>#103</b> City & State 28 <b>BOCA RATON FL</b> Zip 29 <b>33431</b> Country 30 <b>U.S.A.</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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 <b>BOOSE, WILLIAM R III 515 N FLAGLER DR 19 FLOOR WEST PALM BEACH FL 33401</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LEVY, ROBERT A 220 CONGRESS PARK DR STE 230 DELRAY BEACH FL 33445</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1951 NW 19 ST. #103 BOCA RATON FL 33431</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD GELLER, HARVEY 220 CONGRESS PARK DR STE 230 DELRAY BEACH FL 33445</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1951 NW 19 ST. #103 BOCA RATON FL 33431</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD DENBURG, MOSHE 5030 CHAMPION BLVD STE D8 BOCA RATON FL 33498</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BUKIET, ZALMAN 5030 CHAMPION BLVD STE D8 BOCA RATON FL 33428</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_ **AUG. 4/98** **541-417-7411**

CR2E037 (5/98)