

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 21, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

01-21-1999 90014 035 *****61.25

DOCUMENT # N97000001698

1. Corporation Name

ADDISON COURT PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

1951 NW 19TH ST
SUITE 103
BOCA RATON FL 33431
US

Mailing Address

1951 NW 19TH ST
SUITE 103
BOCA RATON FL 33431
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/24/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0852896

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOOSE, WILLIAM R III
515 N FLAGLER DR 19 FLOOR
WEST PALM BEACH FL 33401

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME LEVY, ROBERT A
STREET ADDRESS 1951 NW 19TH ST, #103
CITY-ST-ZIP BOCA RATON FL 33431

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD DELETE
NAME GELLER, HARVEY
STREET ADDRESS 1951 NW 19TH ST, #103
CITY-ST-ZIP BOCA RATON FL 33431

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD DELETE
NAME DENBURG, MOSHE
STREET ADDRESS 5030 CHAMPION BLVD STE D6
CITY-ST-ZIP BOCA RATON FL 33496

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME BUKIET, ZALMAN
STREET ADDRESS 5030 CHAMPION BLVD STE D6
CITY-ST-ZIP BOCA RATON FL 33426

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

Date

Daytime Phone #

1-5-99 (561) 4177411

CR2E037 (1/98)