

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000020488 (0)

1. Corporation Name

SGS BOCA RATON DEVELOPMENT CORP.

Principal Place of Business

Mailing Address

% SGS COMMUNITIES INC.
1800 CORPORATE BLVD. N.W., SUITE 300
BOCA RATON FL 33431

% SGS COMMUNITIES INC.
1800 CORPORATE BLVD. N.W., SUITE 300
BOCA RATON FL 33431



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/16/1994

3a. Date of Last Report

08/25/1995

4. FEI Number

65-0474225

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

MASANOFF, MICHAEL D
1800 CORPORATE BLVD. N.W.
SUITE 300
BOCA RATON FL 33431

81 Name

Ned L. Siegel

82

Street Address (P.O. Box Number is Not Acceptable)

1800 Corporate Blvd. N.W. #300

83

84

City

Boca Raton

FL

85 Zip Code

33431

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Ned L. Siegel, President

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

4/25/96

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

D

NAME

SCHOOR, HOWARD M

STREET ADDRESS

% 1800 CORP. BLVD. N.W., STE. 300

CITY-ST-ZIP

BOCA RATON FL 33431

TITLE

DP

NAME

SIEGEL, NED L

STREET ADDRESS

% 1800 CORP. BLVD. N.W., STE. 300

CITY-ST-ZIP

BOCA RATON FL 33431

TITLE

D

NAME

GLENNENING, DONALD A

STREET ADDRESS

% 1800 CORP. BLVD. N.W., STE. 300

CITY-ST-ZIP

BOCA RATON FL 33431

TITLE

DS

NAME

ROTHMAN, FRED B

STREET ADDRESS

% 1800 CORP. BLVD. N.W., STE. 300

CITY-ST-ZIP

BOCA RATON FL 33431

TITLE

V

NAME

MASANOFF, MICHAEL D

STREET ADDRESS

% 1800 CORP. BLVD. N.W., STE. 300

CITY-ST-ZIP

BOCA RATON FL 33431

TITLE

☒ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if married, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ned L. Siegel, President

4/25/96

DATE

(407) 998-9200

Daytime Phone #

CR2E034 (12/95)