

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000026143 (3)

1. Corporation Name
BOCA VILLAS, INC.

Principal Place of Business
2424 N FEDERAL HIGHWAY
SUITE 455
BOCA RATON FL 33431

Mailing Address
2424 N FEDERAL HIGHWAY
SUITE 455
BOCA RATON FL 33431-7746



3. Date Incorporated or Qualified
03/19/1996

3a. Date of Last Report

4. FEI Number
65-0673913

Applied For
Not Applicable

21. Principal Place of Business
100 N. FEDERAL HIGHWAY

2a. Mailing Address
900 N. FEDERAL HIGHWAY

22. Suite, Apt. #, etc.
SUITE 460

27. Suite, Apt. #, etc.
SUITE 460

23. City & State
BOCA RATON, FL

28. City & State
BOCA RATON, FL

24. Zip
33432

29. Zip
33432

25. Country
USA

30. Country
USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LARRY A. ROTHENBERG, P.A.
2424 N FEDERAL HIGHWAY
SUITE 455
BOCA RATON FL 33431

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
900 NORTH FEDERAL HIGHWAY
83. **SUITE 460**
84. City **BOCA RATON** FL 85. Zip Code **33432**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P.V.T.F.S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROTHENBERG, LARRY A	1.2 NAME	ROTHENBERG, MARK D.
STREET ADDRESS	2424 N FEDERAL HIGHWAY #455	1.3 STREET ADDRESS	900 N. FEDERAL HIGHWAY, #460
CITY-ST-ZIP	BOCA RATON FL 33431	1.4 CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-97
Date

561-394-4004
Daytime Phone #

CR2E034 (9/96)