

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:18

DOCUMENT # 730766 (3)

1. Corporation Name
BOCA LINDA NORTH ASSOCIATION, INC.

Principal Place of Business
1241 NORTHWEST 13 STREET
BOCA RATON FL 33486

Mailing Address
1241 NORTHWEST 13 STREET
BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/24/1974	3a. Date of Last Report 04/28/1994
4. FBI Number 59-1918423	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 P.O. Box 634233 27 Suite, Apt. #, etc. 28 MARGATE FL 29 33063 30 Country FL
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9. Name and Address of Current Registered Agent
STEVENS, LES, H, ESQ
SACHS, SAX & TUDZAROV, P.A.
301 YAMATO RD., SUITE 4150
BOCA RATON FL 33431

10. Name and Address of New Registered Agent
81 Name The Quorum Group
82 Street Address (P.O. Box Number is Not Acceptable) 23257 SE Rd 7 #202
83 B
84 Boca Raton FL 85 Zip Code 33428

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 *Kim Breighner* Kim Breighner 3/24/95
Signature, typed or printed name of registered agent and file # applicable (NOTE: Registered Agent approval is required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME DENT, JOHN P.	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1251 NW 13TH ST	CITY-ST-ZIP BOCA RATON FL	12 NAME	← Same
TITLE VP	NAME TROTTA, GENE	13 STREET ADDRESS	← Same
STREET ADDRESS 1231 NW 13TH ST.	CITY-ST-ZIP BOCA RATON FL	14 CITY-ST-ZIP	← Same
TITLE SD	NAME SALVADOR, CAPAYO	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 22952 GREENVIEW TERRACE	CITY-ST-ZIP BOCA RATON FL	22 NAME	Delete
TITLE JD	NAME VALCOURT, CAMIL	23 STREET ADDRESS	← Same
STREET ADDRESS 1271 NW 13TH ST	CITY-ST-ZIP BOCA RATON FL	24 CITY-ST-ZIP	← Same
TITLE BM	NAME GAGLIARDI, EUGENE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1251 MW 13TH ST	CITY-ST-ZIP BOCA RATON FL	32 NAME	← Same
TITLE	NAME	33 STREET ADDRESS	← Same
STREET ADDRESS	CITY-ST-ZIP	34 CITY-ST-ZIP	← Same
TITLE	NAME	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	42 NAME	TD Wesley Stall
TITLE	NAME	43 STREET ADDRESS	1251 N.W. 13th St
STREET ADDRESS	CITY-ST-ZIP	44 CITY-ST-ZIP	BOCA RATON, FL 33426
TITLE	NAME	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	52 NAME	← Same
TITLE	NAME	53 STREET ADDRESS	← Same
STREET ADDRESS	CITY-ST-ZIP	54 CITY-ST-ZIP	← Same
TITLE	NAME	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	62 NAME	← Same
TITLE	NAME	63 STREET ADDRESS	← Same
STREET ADDRESS	CITY-ST-ZIP	64 CITY-ST-ZIP	← Same

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 110.07(3)(b), 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: *John Dent* John Dent 3/24/95 407.451.9992
Signature and typed or printed name of signing officer or director Date Officer's Phone #