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Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 730766 (3)

1. Corporation Name

BOCA LINDA NORTH ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1241 NORTHWEST 13 STREET
BOCA RATON FL 33486

C/O PRIME MGMT
6300 PARK OF COMMERCE
BOCA RATON FL 33487-8229

3. Date Incorporated or Qualified
09/24/1974

3a. Date of Last Report
06/17/1996

2. Principal Place of Business

2a. Mailing Address

21 1241 NW 13 ST.

26 NORTHSTAR PROP. MGMT.

4. FEI Number
59-1918423

Applied For
Not Applicable

Suite, Apt. #, etc.
22 BOCA RATON, FL.
City & State

Suite, Apt. #, etc.
27 PO. BOX 4068
City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip
33486

25 Country
USA

28 Zip
33442-4068

30 Country
USA

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

PRIME MANAGEMENT
6300 PARK OF COMMERCE
BOCA RATON FL 33487

81 Name
NORTHSTAR PROPERTY MANAGEMENT

82 Street Address (P.O. Box Number is Not Acceptable)
661 HOLLOWES CIRCLE

83 DEERFIELD BEACH

84 City

85 Zip Code
FL 33442

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: *Paul H. Levine* PAUL H. LEVINE

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 VPD DELETE
NAME ROSSI, SAM
STREET ADDRESS 1231 NW 13TH ST
CITY - ST - ZIP BOCA RATON FL

1.1 TITLE VPD Change Addition
1.2 NAME COSMO COLOZZO
1.3 STREET ADDRESS 1231 NW 13 ST #466
1.4 CITY - ST - ZIP BOCA RATON, FL 33486

TITLE ST DELETE
NAME CABANO, SAL
STREET ADDRESS 1251 NW 13TH ST.
CITY - ST - ZIP BOCA RATON FL

2.1 TITLE SEC. Change Addition
2.2 NAME NICK TRICCO
2.3 STREET ADDRESS 1271 NW 13 ST. #357
2.4 CITY - ST - ZIP BOCA RATON, FL 33486

TITLE PD DELETE
NAME GAGLIARDI, EUGENE
STREET ADDRESS 1251 MW 13TH ST
CITY - ST - ZIP BOCA RATON FL

3.1 TITLE TREA. Change Addition
3.2 NAME JANE WILSON
3.3 STREET ADDRESS 1231 NW 13 ST. #272
3.4 CITY - ST - ZIP BOCA RATON, FL. 33486

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE PD Change Addition
4.2 NAME JEAN HARTMAN
4.3 STREET ADDRESS 1291 NW 13 ST. #343
4.4 CITY - ST - ZIP BOCA RATON, FL. 33486

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jean W. Hartman* REQUIRED

February 28, 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0045140

CR2E037 (9/96)