

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90137 026 ****61.25

DOCUMENT # 706101

1. Entity Name

THE ROGERS HOUSE CONDOMINIUM INCORPORATED ✓

Principal Place of Business

850 N.E. SPANISH RIVER BLVD.
 BOCA RATON FL 33431

Mailing Address

850 N.E. SPANISH RIVER BLVD.
 BOCA RATON FL 33431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1089521

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MENA, GERONIMO~~
~~850 N.E. SPANISH RIVER BLVD~~
~~BOCA RATON FL 33431~~

Name **ALVES, WAGNER R.**
 Street Address (P.O. Box Number is Not Acceptable)
850 NE SPANISH RIVER BLVD #16
 City **BOCA RATON** FL Zip Code **33431**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Roberto Alves*, **WAGNER ROBERTO ALVES** DATE **08/13/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

After September 13, 2002, min. will be \$236.25.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	PELKONEN, PIRKKO	
STREET ADDRESS	850 NE SPANISH RIVER BLVD.	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input type="checkbox"/> Delete
NAME	PELISH, JAMES	
STREET ADDRESS	850 NE SPANISH RIVER BLVD.	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DILLON, MAGDELEINE	
STREET ADDRESS	850 N.E. SPANISH RIVER BL	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BRADY, JOHN A	
STREET ADDRESS	850 NE SPANISH RIVER BLVD.	
CITY-ST-ZIP	BOCA RATON, FL 00000 33431	
TITLE	DM	<input checked="" type="checkbox"/> Delete
NAME	PETERSEN, KATHY	
STREET ADDRESS	850 NE SPANISH RIVER BLVD.	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DM PAUL HOAFAT	
STREET ADDRESS	850 NE SPANISH RIVER BLVD.	
CITY-ST-ZIP	BOCA RATON FL 33431	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James D. Pelish* **JAMES D. PELISH VP**

CR2E037 (4/02)