

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90037 021 ****61.25

DOCUMENT # 708430
 1. Entity Name
BOCA VERDE, INC. (A CONDOMINIUM ASSOCIATION)

Principal Place of Business Mailing Address
300 N.E. 20TH ST. **300 N.E. 20TH ST.**
BOCA RATON FL 33431-8144 **BOCA RATON FL 33431-8108**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-1145687 Not Applicable

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

MOSHER, VIRGINIA M PRES
300 NE 20TH ST.
SUITE 307
BOCA RATON FL 33431

Name
SCOTT, BARBARA
 Street Address (P.O. Box Number is Not Acceptable)
300 NE 20TH ST.
SUITE 701
 City State Zip Code
BOCA RATON, FL 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.

SIGNATURE *Barbara Scott* DATE *April 5, 2000*
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

BARBARA SCOTT

FILE NOW: FEE IS \$61.25 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 NAME STREET ADDRESS CITY-ST-ZIP	SD MALONEY, PATRICK J 300 NE 20TH ST., STE. 405 BOCA RATON FL 33431 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCOTT, BARBARA 300 NE 20TH ST. STE 701 BOCA RATON, FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KNUDSON, ARNOLD S 300 NE 20TH ST., STE. 407 BOCA RATON FL 33431 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUDOLPH, CARYL 300 NE 20TH ST., STE 805 BOCA RATON, FL. 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOSHER, VIRGINIA M 300 N.E. 20TH ST. 307 BOCA RATON FL 33431 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YARNALL, ISABEL 300 NE 20TH ST., STE 508 BOCA RATON, FL., STE3341 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KASHUDA, VINCENT F 300 NE 20TH ST., STE. 101 BOCA RATON FL 33431 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HILL, PAUL 300 NE 20TH ST., STE 802 BOCA RATON, FL. 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RODRIGUES, ALBERT 300 NE 20TH ST., STE. 306 BOCA RATON FL 33431 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RODRIGUEZ, MANUEL 300 NE 20TH., STE 507 BOCA RATON, FL. 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VBR PEREZLUHA, ANTHONY 300 NE 20TH ST., STE. 614 BOCA RATON FL 33431 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TRENT, ROBERT 300 NE 20TH ST., STE 309 BOCA RATON, FL. 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Barbara Scott* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** *4-05-00* *561-301-1596*
Signature Date Daytime Phone #

CR2E037 (9/99)