

2002 UNIFORM BUSINESS REPORT (UBR)

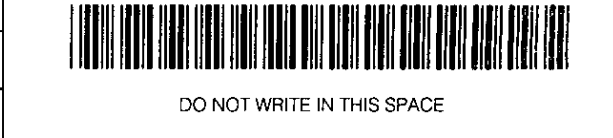
FILED
Apr 04, 2002 8:00 am
Secretary of State

04-04-2002 90013 020 ****61.25

DOCUMENT # 721176
 1. Entity Name
BOCA REEF ASSOCIATION, INC.

Principal Place of Business 3051 S. OCEAN BLVD. BOCA RATON FL 33432	Mailing Address 1215 E HILLSBORO BLVD DEERFIELD FL 33441 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



6. Name and Address of Current Registered Agent
CAMPBELL PROPERTY/MR. BRUCE CAMPBELL
1233 E. HILLSBORO BLVD.
DEERFIELD BEACH FL 33441

4. FEI Number
59-1383226

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MANWARING, RUTH 3051 S OCEAN BLVD 207 BOCA RATON FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NICRO, JOAN 3051 S OCEAN BLVD 405 BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRO, JOHN 3051 S OCEAN BLVD, #108 BOCA RATON FL 33432	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP P MERRILL, ROBERT 3051 S OCEAN BLVD #407 BOCA RATON FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACLENNAN, CHARLES 3051 S OCEAN BLVD #408 BOCA RATON FL 33432	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANWARING	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIELS, DAVID 3051 S. OCEAN BLVD #306 BOCA RATON, FLA 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOMAX, WILLIAM 3051 S. OCEAN BLVD #601 BOCA RATON, FLA. 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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: *Charles MacLennan* **President** 5.26.02 561.394.9516

CR2E037 (9/01)