


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90092 039 ****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**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1383226** Applied For Not Applicable

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

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

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MANWARING, BLITH <input checked="" type="checkbox"/> Delete 3051 S OCEAN BLVD 207 BOCA RATON FL 33432	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DANIELS, DAVID <input type="checkbox"/> Change <input type="checkbox"/> Addition 3051 S. OCEAN BLVD. # 306 BOCA RATON, FLA. 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NICRO, JOAN <input type="checkbox"/> Delete 3051 S OCEAN BLVD 405 BOCA RATON FL.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRO, JOHN <input checked="" type="checkbox"/> Delete 3051 S OCEAN BLVD, #108 BOCA RATON FL 33432	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSEN, HAROLD <input type="checkbox"/> Change <input type="checkbox"/> Addition 3051 S. OCEAN BLVD #107 BOCA RATON, FLA 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P E MERRILL, ROBERT <input type="checkbox"/> Delete 3051 S OCEAN BLVD #407 BOCA RATON FL 33432	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MERRELL <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Spelling</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOMAX, WILLIAM <input type="checkbox"/> Delete 3051 S. OCEAN BLVD. #601 BOCA RATON FL 33432	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *[Signature]* **3-6-03**

CR2E037 (10/02)