

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 12, 2001 8:00 am  
Secretary of State

04-12-2001 90546 032 \*\*\*\*61.25

0052221

DOCUMENT # 724365

1. Entity Name

BOCA WEST MASTER ASSOCIATION, INC.

Principal Place of Business

20540 CNTRY CLUB BLVD #105  
BOCA RATON FL 33434

Mailing Address

20540 CNTRY CLUB BLVD #105  
BOCA RATON FL 33434

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1619611

Applied For  
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

RAIMOND, WILLIAM  
20540 COUNTRY CLUB BLVD  
SUITE 105  
BOCA RATON FL 33434

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                         |                                 |
|------------------------------------------------|-------------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HOLLANDER, CYNTHIA<br>19657 OAKBROOK CIRCLE<br>BOCA RATON FL 33434 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DAVIDSON, IRWIN<br>19604 PLANTERS PT DR<br>BOCA RATON FL           | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>POTOFF, ARTHUR<br>19885B PLANTERS BLVD<br>BOCA RATON FL            | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>FISHMAN, RICHARD<br>19680 SAWGRASS DR #3202<br>BOCA RATON FL       | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>NEWMAN, MELVIN<br>20108 WATERS EDGE DR #603<br>BOCA RATON FL       | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>CAPLAN, SONIA<br>7446 BONDSBERRY CT<br>BOCA RATON FL 33434        | <input type="checkbox"/> Delete |

|                                                |                                                                                             |                                                                              |
|------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DIRECTOR<br>SILBERMAN, IRWIN<br>19670 BAY COVE DR.<br>BOCA RATON, FL 33434                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ASST. SECRETARY<br>MARILYN K. PAMER<br>20540 COUNTRY CLUB BLVD #105<br>BOCA RATON, FL 33434 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V.P.<br>WILLIAM RAIMOND<br>20540 COUNTRY CLUB BLVD #105<br>BOCA RATON, FL 33434             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PRESIDENT                                                                                   | <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: *MARILYN K. PAMER*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/01

561-488-1598

Date

Daytime Phone #

CR2E037 (10/00)