

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90008 030 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 738701**

1. Entity Name  
**TIERRA DEL REY PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business		Mailing Address	
C/O BOHICA PROPERTIES 3850 NW BOCA RATON BLVD BOCA RATON FL 33431 US		C/O BOHICA PROPERTIES 3850 NW BOCA RATON BLVD BOCA RATON FL 33431-5850 US	
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 **59-2160282** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent

**MARCIA M. COLLINS C/O MARLIN PROPERTY**  
**3850 NW BOCA RATON BLVD**  
**STE 2**  
**BOCA RATON FL 33431**

SIGNATURE:

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

7. Name and Address of New Registered Agent

Name **ERIC ESTEBANETA c/o Pointe West**  
 Street Address (P.O. Box Number is Not Acceptable) **75 NE 6th Ave Suite 202**  
 City **Delray Beach** FL Zip Code **33483**

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.

DATE: **3/23/00**

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

**FILE NOW: FEE IS \$61.25** **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	CRABB, MIKE	
STREET ADDRESS	3850 NW 2 AVE.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KROST, STUART	
STREET ADDRESS	3850 NW 2 AVE.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KARR, GEORGE	
STREET ADDRESS	3850 NW 20 AVE.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FITZGERALD, JACK	
STREET ADDRESS	3850 NW 2ND AVE	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARDER, MATHEW	
STREET ADDRESS	3850 NW 2 AVE.	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCGINNIS, KATHY	
STREET ADDRESS	3850 NW 2 AVE.	
CITY-ST-ZIP	BOCA RATON FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P./D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ron Blum	
STREET ADDRESS	10108 El Paisito Pl.	
CITY-ST-ZIP	Delray Beach, FL. 33446	
TITLE	S./D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christine Garrity	
STREET ADDRESS	10635 La Reina Rd	
CITY-ST-ZIP	Delray Beach, FL. 33446	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Dibucci	
STREET ADDRESS	10965 La Reina Rd.	
CITY-ST-ZIP	Delray Beach, FL. 33446	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Sane	
STREET ADDRESS	10179 El Paisito Pl.	
CITY-ST-ZIP	Delray Beach, FL. 33446	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Picow	
STREET ADDRESS	10392 El Paisito Pl.	
CITY-ST-ZIP	Delray Beach, FL. 33446	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: **3/23/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)