

**2000 UNIFORM BUSINESS REPORT (UBR)**

6/8

**FILED**  
**Jul 05, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90022 021 \*\*\*\*61.25

**DOCUMENT # 749762**  
 1. Entity Name  
**THE CORNICHE CONDOMINIUM ASSOCIATION OF BOCA RATON**

Principal Place of Business: **277 NORTH OCEAN BLVD BOCA RATON FL 33432 US**  
 Mailing Address: **500 NE SPANISH RIVER BLVD #18 BOCA RATON FL 33431-4518 US**

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

City & State: City & State

4. FEI Number: **59-1971293** Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent:  
**ERNEST WILLIS C/O BEACON PROPERTY MGMT  
 500 NE SPANISH RIVER BLVD SUITE 18  
 BOCA RATON FL 33431**

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: Ernest W. Willis DATE: 4/6/00

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

ENTERED APR 19 2000



DO NOT WRITE IN THIS SPACE

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: TD NAME: TAYLOR, JAN STREET ADDRESS: 277 NORTH OCEAN BLVD #204 CITY-ST-ZIP: BOCA RATON FL	<input checked="" type="checkbox"/> Delete	TITLE: DARLENE KOTZ NAME: DARLENE KOTZ STREET ADDRESS: 277 N. OCEAN BLVD #PH1 CITY-ST-ZIP: BOCA RATON, FL 33432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: BLANTON, JEREMY STREET ADDRESS: 277 N. OCEAN BLVD. #202 CITY-ST-ZIP: BOCA RATON FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: EASTERDAY, JACK STREET ADDRESS: 277 N. OCEAN BLVD #301 CITY-ST-ZIP: BOCA RATON FL 33432	<input type="checkbox"/> Delete	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
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

CR2E037 (9/99)

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: JEREMY BLANTON SECRETARY 4/6/00 395-8085 393-0518