

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90339 030 \*\*\*\*61.25

**DOCUMENT # 749809**

1. Entity Name

**CASTEL DEL MAR HOMEOWNERS' ASSOCIATION, INC.** ✓

Principal Place of Business

Mailing Address

**7490 CHAMPAGNE PL.  
 BOCA RATON FL 33433**

**7490 CHAMPAGNE PL.  
 BOCA RATON FL 33433**

00101000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2381360**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BRUCKNER, MARION  
 7475 CHAMPAGNE PL  
 BOCA RATON FL 33433**

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

*Marion Bruckner*

*July 17, 2002*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
 min. will be \$236.25.**

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 **TD**  Delete  
 NAME **BRUCKNER, MARION J.**  
 STREET ADDRESS **7475 CHAMPAGNE PLACE**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **LAZURUS, BARRY**  
 STREET ADDRESS **7473 CHAMPAGNE PLACE**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **CERCE, ANNE**  
 STREET ADDRESS **7438 CHAMPAGNE PLACE**  
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE  Change  Addition  
 NAME **Walker David S.D.**  
 STREET ADDRESS **7407 Champagne Pl**  
 CITY-ST-ZIP **Boca Raton, FL 33433**

TITLE **SD**  Delete  
 NAME **JENSEN, DELIA**  
 STREET ADDRESS **21940 PALMETTO CIRCLE N**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE  Change  Addition  
 NAME **Jensen Delia**  
 STREET ADDRESS **21940 Palmetto Cir. N**  
 CITY-ST-ZIP **Boca Raton, FL 33433**  
 President

TITLE **SVP**  Delete  
 NAME **COLLEEN, VIVIANI**  
 STREET ADDRESS **7468 CHAMPAGNE PLACE**  
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 employed.

SIGNATURE:

*Marion Bruckner*  
**SIGNATURE REQUIRED**

*7-17-02* *347-7796*  
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CR2E037 (4/02)