

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90140 044 \*\*\*\*61.25

**DOCUMENT # 751147**

1. Entity Name

**BOCA ROYAL PALM CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**BOCA ROYAL PALM RD  
 APT #9  
 BOCA RATON FL 33432**

**%JIRINA HORAK  
 P O BOX 552  
 BOCA RATON FL 33429**

2. Principal Place of Business

**382 E ROYAL PALM RD**

3. Mailing Address

**424 NW 14 STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**BOCA RATON FL**

City & State

**BOCA RATON FL**

4. FEI Number

**59-2419777**

Applied For

Not Applicable

Zip

**33432**

Country

**USA**

Zip

**33432**

Country

**USA**

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

**HORAK, JIRINA  
 382 E ROYAL PALM RD  
 APT 9  
 BOCA RATON FL 33432**

Name: **KATHY STAGGS**  
 Street Address (P.O. Box Number is Not Acceptable)

**424 NW 14 STREET**

City **BOCA RATON** FL Zip Code **33432**

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: **Kathy Staggs Secretary-Treasurer**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**3/22/01**  
 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 **PD**  Delete  
 NAME **CARTER, JOHN**  
 STREET ADDRESS **382 E ROYAL PALM RD., APT. 6**  
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **PD**  Change  Addition  
 NAME **TOM WOTOCEK**  
 STREET ADDRESS **850 NE SPANISH RIVER BLVD**  
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **VPD**  Delete  
 NAME **WOTOCEK, TOM**  
 STREET ADDRESS **850 N.E. SPANISH RIVER BLVD.**  
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **VPD**  Change  Addition  
 NAME **JOHN CARTER**  
 STREET ADDRESS **250 E ROYAL PALM RD - APT 2-C**  
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **TD**  Delete  
 NAME **HOPAK, VIRINIA**  
 STREET ADDRESS **382 E ROYAL PALM RD., APT. 9**  
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **TD**  Change  Addition  
 NAME **KATHY STAGGS**  
 STREET ADDRESS **424 NW 14 STREET**  
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **SD**  Delete  
 NAME **STAGGS, KATHY**  
 STREET ADDRESS **424 N.W. 14 ST.**  
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **SAME**  Change  Addition

TITLE **D**  Delete  
 NAME **ALMEIDA, ELIZABETH**  
 STREET ADDRESS **382 E ROYAL PALM RD., APT. 12**  
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **SAME**  Change  Addition

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Change  Addition  
 NAME **JIRINA HORAK**  
 STREET ADDRESS **382 E ROYAL PALM RD, APT 9**  
 CITY-ST-ZIP **BOCA RATON FL 33432**

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: **Kathy Staggs** **REQUIRE KATHY STAGGS** **3/22/01** **(561) 392-7222**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)