

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

0039020

03-12-2002 90276 034 ****61.25

DOCUMENT # 751147

1. Entity Name

BOCA ROYAL PALM CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**382 E ROYAL PALM RD
 BOCA RATON FL 33432**

**%KATHY STAGGS
 424 NW 14 STREET
 BOCA RATON FL 33432**

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

59-2419777

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STAGGS, KATHY
 424 NW 14 STREET
 BOCA RATON FL 33432**

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 rehashing)

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 **WOTOCEK, TOM**
 STREET ADDRESS **850 NE SPANISH RIVER BLVD**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS **382 E Royal Palm Rd Apt 12**
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME **Alan R. Carter**
 STREET ADDRESS **TROUT ROAD - 2395 Route 65**
 CITY-ST-ZIP **Bloomfield NY 14469**

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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/26/02** Daytime Phone # **5613927222**

CR2E037 (9/01)