

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90029 004 ****61.25

DOCUMENT # 753544 ✓
 1. Entity Name
 Boca Marina Homeowners Association Inc ✓

Principal Place of Business Mailing Address
 5311 Boca marina Cir. North
 Boca Raton FL 33487

UUUJ1031

2. Principal Place of Business 3. Mailing Address
 98 SE 6th Ave 98 SE 6th Ave
 Suite, Apt. #, etc. Suite 2

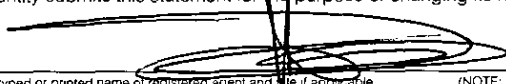
DO NOT WRITE IN THIS SPACE

City & State City & State
 Delray Beach Delray Bch FL
 Zip 33483 County USA Zip 33483 County USA

4. FEI Number Applied For
 59-2174005 ✓ Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 address change
 (JMD Properties Inc)
 Joseph M. Dagher,
 Pres.

7. Name and Address of New Registered Agent
 Name Joseph M. Dagher
 Street Address (P.O. Box Number Not Acceptable) 98 SE 6th Ave Suite 2
 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.
 SIGNATURE  DATE _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD Martin Miller
STREET ADDRESS	5306 Boca Marina Cir No.
CITY-ST-ZIP	Boca Raton FL 33487
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP Len Forest
STREET ADDRESS	622 Boca Marina Ct
CITY-ST-ZIP	Boca Raton FL 33487
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP Dennis Paul
STREET ADDRESS	5278 Boca Marina Cir So.
CITY-ST-ZIP	Boca Raton FL 33487
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Seilly
STREET ADDRESS	5324 Boca Marina Cir N
CITY-ST-ZIP	Boca Raton FL 33487
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Warren Kowalsky
STREET ADDRESS	630 Boca Marina Ct
CITY-ST-ZIP	Boca Raton FL 33487
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  MARTIN T MILLER 4/16/00 561 994 3037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)