

2000 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
May 12, 2000 8:00 am
Secretary of State

03-28-2000 90072 024 ****61.25

DOCUMENT # 757539

1. Entity Name

LA RESIDENCE OF BOCA DEL MAR CONDOMINIUM ASSOCIA

Principal Place of Business

Mailing Address

23200 CAMINO DEL MAR
 BOCA RATON FL 33433

23200 CAMINO DEL MAR
 BOCA RATON FL 33433-7196

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

59-2082631

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

GOLDMAN, JUDA
 8211 W BROWARD BLVD
 SUITE PH1 5TH FLOOR
 PLANTATION FL 33324-2745

7. Name and Address of New Registered Agent

Name **FEDERAL PROPERTY MANAGEMENT**

Street Address (P.O. Box Number is Not Acceptable)

ATTN: DON ESTES, L.P.M.
7267 SAN SEBASTIAN DR.

By **BOCA RATON, FL**

Zip Code **33433**

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

Donald E. Estes 3/20/00
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
SEE 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	<input type="checkbox"/> Delete
NAME	HELFANBEIN, BARRY	
STREET ADDRESS	23200 CAMINO DEL MAR #307	<i>PRISONANT</i>
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPENCER, JULIUS	<i>V.P.</i>
STREET ADDRESS	23200 CAMINO DEL MAR #708	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHECHTER, TRINI	
STREET ADDRESS	23200 CAMINO DEL MAR #401	
CITY-ST-ZIP	BOCA RATON FL	
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"/> Change <input type="checkbox"/> Addition
NAME	HELFANBEIN	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAROLD MARCUS D	
STREET ADDRESS	23200 CAMINO DEL MAR #308	<i>V.P.</i>
CITY-ST-ZIP	BOCA RATON, FL. 33433	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTHA-ANN MUELLER	
STREET ADDRESS	23200 CAMINO DEL MAR #608	
CITY-ST-ZIP	BOCA RATON, FL. 33433	<i>SECY</i>
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RANDOLPH E. HUCKS	
STREET ADDRESS	23200 CAMINO DEL MAR #701	<i>D</i>
CITY-ST-ZIP	BOCA RATON, FL. 33433	<i>TREASURER</i>
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 the name of the officer or director appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Barry Helfanbein PRESIDENT
 3/20/00 501 3629729

CR2E037 (9/99)