

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90104 024 ****61.25

DOCUMENT # 757539

1. Entity Name
LA RESIDENCE OF BOCA DEL MAR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
23200 CAMINO DEL MAR **23200 CAMINO DEL MAR**
BOCA RATON FL 33433 **BOCA RATON FL 33433**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2082631** Applied For
Not Applicable

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

FEDERAL PROP MGMT
ATTN: DON ESTES
7261 SAN SEBASTIAN DR
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 _____ (NOTE: Registered Agent signature required when reinstating) 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 Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|----------------------------|---------------------------|--|---|---------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete | TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HELFANBEIN, BARRY | | NAME | ZACCARDI, CLAUDETTE | |
| STREET ADDRESS | 23200 CAMINO DEL MAR #307 | | STREET ADDRESS | 23200 CAMINO DEL MAR #309 | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | | CITY-ST-ZIP | BOCA RATON, FL 33433 | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | VD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SPENCER, JULIUS | | NAME | JULIUS F. SPENCER #708 | |
| STREET ADDRESS | 23200 CAMINO DEL MAR #708 | | STREET ADDRESS | 23200 CAMINO DEL MAR | |
| CITY-ST-ZIP | BOCA RATON FL | | CITY-ST-ZIP | BOCA RATON FL 33433 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete | TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MARCUS, HAROLD | | NAME | WOLFF KLAUS | |
| STREET ADDRESS | 23200 CAMINO DEL MAR #308 | | STREET ADDRESS | 23200 CAMINO DEL MAR #304 | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | | CITY-ST-ZIP | BOCA RATON, FL 33433 | |
| TITLE | DS | <input checked="" type="checkbox"/> Delete | TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MUELLER, MARTHA-ANN | | NAME | RIVERA, NANCY | |
| STREET ADDRESS | 23200 CAMINO DEL MAR #608 | | STREET ADDRESS | 23200 CAMINO DEL MAR #209 | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | | CITY-ST-ZIP | BOCA RATON, FL 33433 | |
| TITLE | DT | <input checked="" type="checkbox"/> Delete | TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HUCKS, RANDOLPH E | | NAME | VAZQUEZ OSCAR | |
| STREET ADDRESS | 23200 CAMINO DEL MAR #701 | | STREET ADDRESS | 23200 CAMINO DEL MAR #404 | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | | CITY-ST-ZIP | BOCA RATON, FL 33433 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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 empowered.

SIGNATURE: *Claudette Zaccardi*

CR2E037 (10/02)