

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**Jun 01, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90099 001 \*\*\*211.25

**DOCUMENT # 763362**

1. Entity Name

**BOCA GROVE PLANTATION PROPERTY OWNER'S ASSOCIATI**

Principal Place of Business

21351 WHITAKER DRIVE  
 BOCA RATON FL 33433

Mailing Address

21351 WHITAKER DRIVE  
 BOCA RATON FL 33433-7469

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

**59-2197321**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**GERSON, GARY**  
**1645 PALM BCH LKS BLVD #1200**  
**WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

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 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**  
**Department of State**

10. OFFICERS AND DIRECTORS

|                |                      |                                            |
|----------------|----------------------|--------------------------------------------|
| TITLE          | VD                   | <input checked="" type="checkbox"/> Delete |
| NAME           | GROTSKY, HARVEY      |                                            |
| STREET ADDRESS | 21351 WHITAKER DRIVE |                                            |
| CITY-ST-ZIP    | BOCA RATON FL 33433  |                                            |
| TITLE          | PD                   | <input checked="" type="checkbox"/> Delete |
| NAME           | GILBERT, BRUCE       |                                            |
| STREET ADDRESS | 21351 WHITAKER DRIVE |                                            |
| CITY-ST-ZIP    | BOCA RATON FL        |                                            |
| TITLE          | SD                   | <input checked="" type="checkbox"/> Delete |
| NAME           | ENGERMAN, JEROME     |                                            |
| STREET ADDRESS | 21351 WHITAKER DRIVE |                                            |
| CITY-ST-ZIP    | BOCA RATON FL        |                                            |
| TITLE          | TD                   | <input checked="" type="checkbox"/> Delete |
| NAME           | MCCARTHY, JACK P     |                                            |
| STREET ADDRESS | 21351 WHITAKER DRIVE |                                            |
| 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    |                      |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                      |                                                                              |
|----------------|----------------------|------------------------------------------------------------------------------|
| TITLE          | President - D        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Gilbert, Bruce       |                                                                              |
| STREET ADDRESS | 21351 Whitaker Drive |                                                                              |
| CITY-ST-ZIP    | Boca Raton, FL 33433 |                                                                              |
| TITLE          | Vice President - D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Angstrom, Sandy      |                                                                              |
| STREET ADDRESS | 21351 Whitaker Drive |                                                                              |
| CITY-ST-ZIP    | Boca Raton, FL 33433 |                                                                              |
| TITLE          | Treasurer - D        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Roshefsky, Ron       |                                                                              |
| STREET ADDRESS | 21351 Whitaker Drive |                                                                              |
| CITY-ST-ZIP    | Boca Raton, FL 33433 |                                                                              |
| TITLE          | Secretary - D        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Grotsky, Harvey      |                                                                              |
| STREET ADDRESS | 21351 Whitaker Drive |                                                                              |
| CITY-ST-ZIP    | Boca Raton, FL 33433 |                                                                              |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |                                                                              |
| STREET ADDRESS |                      |                                                                              |
| CITY-ST-ZIP    |                      |                                                                              |
| 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 my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

Date

Daytime Phone #

CR2E037 (9/99)