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

FILED
May 05, 2003 8:00 am
Secretary of State
04-18-2003 90120 005 ****61.25

DOCUMENT # 763362

1. Entity Name
BOCA GROVE PLANTATION PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
21351 WHITAKER DRIVE BOCA RATON FL 33433	21351 WHITAKER DRIVE BOCA RATON FL 33433

☐ CHECK HERE IF MAKING CHANGES

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

LEHNER, EMERSON CHUCK
BOCA GROVE GOLF AND TENNIS CLUB
21351 WHITAKER DRIVE
BOCA RATON FL 33433

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ANGSTROM, SANDY D 21351 WHITAKER DR. BOCA RATON FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ORLANDO, WARREN 21351 WHITAKER DRIVE BOCA RATON FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER D ORLANDO, WARREN 21351 Whitaker DR. BOCA Raton, FL 33433	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V2 BUDD, STEVE 21351 WHITAKER DR. BOCA RATON FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary D BUDD, Steve 21351 Whitaker DR. Boca Raton, FL 33433	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SLAVIN, HOWARD 21351 WHITAKER DR. BOCA RATON FL 33433	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1st Vice Presidnt D ~~BE~~ AGEND-RON 21351 Whitaker DR. BOCA RATON, FL 33433	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JAMPOLIS, KEITH 21351 WHITAKER DR. BOCA RATON FL 33433	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2ND VICE PRESIDENT D STEIN, MARTIN 21351 Whitaker DR. BOCA RATON, FL 33433	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: Sandra S. Angstrom (SANDRA S. ANGSTROM) PRESIDENT 4-14-03 561-487-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #