

DOCUMENT # 765999

1. Entity Name

BOCA DELRAY I CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

01-22-2000 90009 016 ****61.25

Principal Place of Business 5483 BOCA DELRAY BLVD. DELRAY BEACH FL 33484	Mailing Address 5483 BOCA DELRAY BLVD. DELRAY BEACH FL 33484-8324
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-4242100	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

FRIED, AVERY C.
 5106 OAKHILL LN #912
 DELRAY BEACH FL 33484

7. Name and Address of New Registered Agent

Name: **COHEN, EDWARD**
 Street Address (P.O. Box Number is Not Acceptable): **5087 OAKHILL LN # 312**
 City: **DELRAY Bch, FL 33484**
 State: **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: *Avery C. Fried* **AVERY C. FRIED TRUST.** *Edward R. Cohen* **EDWARD R. COHEN** *2/22/00*
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: D	NAME: REITZES, BEUDAUIN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 5055 OAKHILL LN #221	CITY-ST-ZIP: DELRAY Bch FL 33484	
TITLE: VD	NAME: DEUTCHMAN, HYMAN	<input type="checkbox"/> Delete
STREET ADDRESS: 5056 OAKHILL LANE, SUITE 812	CITY-ST-ZIP: DELRAY BEACH FL	
TITLE: PD	NAME: PROSTOK, MAX	<input type="checkbox"/> Delete
STREET ADDRESS: 5087 OAKHILL LN 316	CITY-ST-ZIP: DELRAY BEACH FL	
TITLE: TD	NAME: FRIED, AVERY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 5106 OAKHILL LN 912	CITY-ST-ZIP: DELRAY BEACH FL	
TITLE: D	NAME: DORIS COYLE	<input type="checkbox"/> Delete
STREET ADDRESS: 5055 OAKHILL LANE # 214	CITY-ST-ZIP: DELRAY Bch FL	
TITLE: SD	NAME: GREENSTEIN, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS: 5121 OAKHILL LN #411	CITY-ST-ZIP: DELRAY Bch FL 33484	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D	NAME: GUREN, LAURENCE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 5087 OAKHILL LN # 312	CITY-ST-ZIP: DELRAY Bch, FL 33484	
TITLE: TD	NAME: COHEN, EDWARD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 5087 OAKHILL LN # 325	CITY-ST-ZIP: DELRAY Bch, FL 33484	
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Edward R. Cohen* **EDWARD R. COHEN** *1/10/2000*
Signature and typed or printed name of signing officer or director Date Daytime Phone #

COHEN/0000