

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90012 039 ****61.25

DOCUMENT # 469535

1. Entity Name

BOCA WALK HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

QO/MANAGEMENT SERVICES OF AMERICA
 639 EAST OCEAN AVENUE Suite 204
 BAYTON BEACH, FL 33435

2. Principal Place of Business

3. Mailing Address

639 EAST OCEAN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

204

City & State

City & State

Bayton Beach, FL

Zip

Country

Zip

Country

33435

USA

4. FEI Number

59-2378201

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

00074712

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKER & POLIAKOFF PA
 3111 STIRLING RD.
 FT. LAUDERDALE, FL 33312-0525

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 LEE H. BURG.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6/1/00
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD = PRESIDENT ☐ Delete
 NAME SANDY WHARTON
 STREET ADDRESS 6319 BOCA CIRCLE
 CITY-ST-ZIP BOCA RATON, FL 33433

TITLE SD = SECRETARY ☐ Change ☒ Addition
 NAME TIA NEPI
 STREET ADDRESS 6449 WALK CIRCLE
 CITY-ST-ZIP BOCA R

TITLE V = VICE PRESIDENT ☐ Delete
 NAME CHARLES MIRAGLIA
 STREET ADDRESS 6397 BOCA CIRCLE
 CITY-ST-ZIP BOCA RATON, FL 33433

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D = DIRECTOR ☐ Delete
 NAME PAULA SCHNAKENB
 STREET ADDRESS 6334 WALK CIRCLE
 CITY-ST-ZIP BOCA RATON, FL 33433

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D = DIRECTOR ☐ Delete
 NAME BETH PURDIE
 STREET ADDRESS 6335 WALK CIRCLE
 CITY-ST-ZIP BOCA RATON, FL 33433

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T = TREASURER ☐ Delete
 NAME MARV HARDING
 STREET ADDRESS 6471 BOCA CIRCLE
 CITY-ST-ZIP BOCA RATON, FL 33433

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D = ☒ Delete
 NAME CAROL TAFFE
 STREET ADDRESS 6292 WALK CIRCLE
 CITY-ST-ZIP BOCA RATON, FL 33433

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/17/00 561 361 8573

CR2E037 (9/99)