

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

**CO/MANAGEMENT SERVICES OF AMERICA
 639 EAST OCEAN AVENUE SUITE 204
 BAYTON BEACH, FL 33435**

00074712

2. Principal Place of Business

3. Mailing Address

639 EAST OCEAN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

204

DO NOT WRITE IN THIS SPACE

City & State

City & State

Bayton Beach, FL

4. FEI Number

59-2378201

Applied For

Not Applicable

Zip

Country

Zip

Country

33435

USA

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	P = PRESIDENT SANDY WHARTON 6319 BOCA CIRCLE BOCA RATON, FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V = VICE PRESIDENT CHARLES MIRAGLIA 6397 BOCA CIRCLE BOCA RATON, FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D = DIRECTOR PAULA SCHNAKENB 6334 WALK CIRCLE BOCA RATON, FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D = DIRECTOR BETH PURDIE 6335 WALK CIRCLE BOCA RATON, FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T = TREASURER MARV HARDING 6471 BOCA CIRCLE BOCA RATON, FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D = CAROL TAFFE 6292 WALK CIRCLE BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY TIA NEPI 6449 WALK CIRCLE BOCA R	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marv Harding

Date

Daytime Phone #

7/17/00

561 361 8573

CR2E037 (9/99)