

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91772 038 ****61.25

DOCUMENT # 769535

1. Entity Name

BOCA WALK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**% GREENLITE PROP MGMT.
 141 NW 20TH ST.
 BOCA RATON, FL 33431**

**301 W CAMINO GARDNERS
 BOCA RATON FL 33432**

DEPARTMENT OF STATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2378201

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GLEN, A
 301 W CAMINO GARDENS BLVD #200
 BOCA RATON FL 33432**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **D** Delete
 NAME: **Joanna Schillaci**
 STREET ADDRESS: **SCHNACKENBERG, PAULA**
 CITY-ST-ZIP: **6334 WALK CIRCLE + 6401 NARK CIRCLE
 BOCA RATON FL 33433**

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

TITLE: **PD** Delete
 NAME: **PURDIE, BETH**
 STREET ADDRESS: **6355 WALK CIRCLE**
 CITY-ST-ZIP: **BOCA RATON FL 33433**

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

TITLE: **VPD** Delete
 NAME: **MIRAGLIA CHARLES**
 STREET ADDRESS: **6397 BOCA CIRCLE**
 CITY-ST-ZIP: **BOCA RATON FL 33433**

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

TITLE: **SD** Delete
 NAME: **NEPI, MATTIA**
 STREET ADDRESS: **6449 BOCA CIRCLE**
 CITY-ST-ZIP: **BOCA RATON FL 33433**

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

TITLE: **D** Delete
 NAME: **LOPEZ, ANDREA**
 STREET ADDRESS: **6406 BOCA CIRCLE**
 CITY-ST-ZIP: **BOCA RATON FL 33433**

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

TITLE: Delete
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change 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 of Joanna Schillaci, Pres

4/28/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)