

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90010 019 \*\*\*\*61.25

**DOCUMENT # 771165**

1. Entity Name

**BOCA ENTRADA I CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

110 BOCA ENTRADA BLVD.  
BOCA RATON FL 33428

Mailing Address

10110 BOCA ENTRADA BLVD  
#102  
BOCA RATON FL 33428-5841

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-2355820

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**LEVIN, CHERYL J P.A.  
COURTYARD BUSINESS CENTER  
4694 NW 103RD AVENUE  
SUNRISE FL 33351-7970**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.

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**

TITLE NAME	VPT GELHOU, THOMAS	<input type="checkbox"/> Delete
STREET ADDRESS	10110 BOCA ENTRADA BLVD 203	
CITY-ST-ZIP	BOCA RATON FL 33428-5841	
TITLE NAME	DP SEARCY, LARRY	<input type="checkbox"/> Delete
STREET ADDRESS	10110 BOCA ENTRADA 402	
CITY-ST-ZIP	BOCA RATON FL 33428-5841	
TITLE NAME	S MASON, TARIK	<input type="checkbox"/> Delete
STREET ADDRESS	10110 BOCA ENTRADA BLVD #208	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE NAME	D BELL, PATRICIA I	<input type="checkbox"/> Delete
STREET ADDRESS	10110 BOCA ENTRADA BLVD #102	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE NAME	D PARE, JOE	<input type="checkbox"/> Delete
STREET ADDRESS	10110 BOCA ENTRADA BLVD #105	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

LARRY D. SEARCY

Date

3/8/02

Daytime Phone #

561  
488 8833

CR2E037 (9/01)