

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

0062147

DOCUMENT # N00875

1. Entity Name

PROMENADE AT BOCA POINTE CONDOMINIUM ASSOCIATION

04-06-2001 90048 003 ****61.25

Principal Place of Business

Mailing Address

7137 A PROMENADE DR.
BOCA RATON FL 33433

7137 A PROMENADE DR.
BOCA RATON FL 33433

2. Principal Place of Business

3. Mailing Address

7169 Promenade Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2385986

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COMMUNITY ASSOC. SERVICES
7137 PROMENADE DR
BOCA RATON FL 33433

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 NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	DIAMOND, ARTHUR	
CITY-ST-ZIP	7153 PRONERADE BOCA RATON FL	
TITLE NAME	P	<input type="checkbox"/> Delete
STREET ADDRESS	CHERNOW, DAN	
CITY-ST-ZIP	7137 PROMENADE DR BOCA RATON FL	
TITLE NAME	DS	<input type="checkbox"/> Delete
STREET ADDRESS	KLEIN, LEONARD	
CITY-ST-ZIP	7161 PROMENADE DR BOCA RATON FL	
TITLE NAME	D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	WATTENBERG, PHILIP	
CITY-ST-ZIP	7129 PROMENADE DR BOCA RATON FL	
TITLE NAME	T	<input type="checkbox"/> Delete
STREET ADDRESS	GREENBERG, LEON	
CITY-ST-ZIP	7145 PROMENADE DR BOCA RATON FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	VD	<input checked="" 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	D	<input checked="" 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	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Muriel Cohen	
CITY-ST-ZIP	7137 Promenade Dr Boca Raton FL 33433	

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: *Dan Chernow* **DAN CHERNOW** *4/2/2001* **561-395-7732**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)