

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02187

1. Entity Name

CHAPEL CREEK AT BOCA WEST PROPERTY OWNERS' ASSOC

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90032 035 \*\*\*\*61.25

Principal Place of Business	Mailing Address
% LANG MANAGEMENT CO., INC. 5295 TOWN CENTER RD., SUITE 200 BOCA RATON FL 33486 US	% LANG MANAGEMENT CO., INC. 5295 TOWN CENTER RD., SUITE 200 BOCA RATON FL 33486-1080 US



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	Applied For
59-2465623	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LANG MANAGEMENT COMPANY, INC.  
5295 TOWN CENTER RD. #200  
BOCA RATON FL 33486

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when remaking) 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	PD	<input type="checkbox"/> Delete
NAME	EMAS, STANLEY	
STREET ADDRESS	19354 CHAPEL CREEK DR.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GABAY, JOSEPH	
STREET ADDRESS	19223 CHAPEL CREEK DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SIEGEL, STEPHEN	
STREET ADDRESS	19386 CHAPEL CREEK DR	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	LICHTENBERG, LAURA	
STREET ADDRESS	19366 CHAPEL CREEK DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KART, HAROLD	
STREET ADDRESS	19414 CHAPEL CREEK DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAGLEY, MILTON	
STREET ADDRESS	19319 CHAPEL CREEK DRIVE	
CITY-ST-ZIP	BOCA RATON FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marvin Silverman	
STREET ADDRESS	19260 Chapel Creek DR	
CITY-ST-ZIP	Boca Raton FL 33434	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Sec/DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen Siegel	
STREET ADDRESS	19386 Chapel Creek DR	
CITY-ST-ZIP	Boca Raton FL 33434	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harold Kart	
STREET ADDRESS	19414 Chapel Creek DR	
CITY-ST-ZIP	Boca Raton FL 33434	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Stanley **REQUIRED** Date: 3-9-00 Daytime Phone #: 561-488-2224

CR2E037 (9/99)