

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

0076493

DOCUMENT # N02405

1. Entity Name
BOCA DELRAY II CONDOMINIUM ASSOCIATION, INC.

03-05-2002 90045 049 ****61.25

Principal Place of Business 5483 BOCA DELRAY BLVD. DELRAY BEACH FL 33484	Mailing Address 5483 BOCA DELRAY BLVD. DELRAY BEACH FL 33484
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0327051	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, KENNETH
5154 OAKHILL LANE
#1012
DELRAY BEACH FL 33484

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	BROWN, KENNETH	
STREET ADDRESS	5154 OAKHILL LANE	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SALKEN, ROZ	
STREET ADDRESS	5154 OAKHILL LANE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINN, JOYCE	
STREET ADDRESS	5188 OAKHILL TRAIL #1111	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALTZ, EDWARD	
STREET ADDRESS	18769 OAKHILL LN #711	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOGUT, FRANK	
STREET ADDRESS	5154 OAKHILL LANE, #1011	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	SD	<input type="checkbox"/> Delete
NAME	REARDON, RICHARD	
STREET ADDRESS	5153 OAKHILL LANE	
CITY-ST-ZIP	DELRAY BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Richard Reardon* **SIGNATURE REQUIRED** *1/18/02* **561 495 6751**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)