

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07516

1. Entity Name

BOCA PALM PROFESSIONAL PLAZA CONDOMINIUM ASSOCIA

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90003 017 ****61.25



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| Principal Place of Business 6971 NO. FEDERAL HIGHWAY, SUITE 401 402 BOCA RATON FL 33487 US | Mailing Address 6971 NO. FEDERAL HWY 402 BOCA RATON FL 33487-1617 US |
|--|--|

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

| | |
|---|--|
| 4. FEI Number 59-2820273 | 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

GREENWALD, STEVEN I
6971 N. FEDERAL HIGHWAY
SUITE 105
BOCA RATON FL 33487

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 STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete STOFFT, RANDOLPH 42 N SWINTON AVE STE 1 DELRAY BCH FL 33444 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete TAURINSKI, BRONISLAUS 6971 NO. FEDERAL HIGHWAY #204 BOCA RATON FL 33487 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS <input type="checkbox"/> Delete MCELROY, ROBERT 6971 NO. FEDERAL HIGHWAY #405 BOCA RATON FL 33487 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TP <input type="checkbox"/> Delete POHL, J. WILLIAM 6971 NO. FEDERAL HIGHWAY #401 BOCA RATON FL 33487 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-3-2000** Daytime Phone #: **561-999-0999**

CR2E037 (9/99)