

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09082

1. Entity Name

CORAL LAKE AT BOCA RATON HOMEOWNERS ASSOCIATION,

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90176 029 ****61.25

| | |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Principal Place of Business 23123 STATE RD 7 SUITE 350A BOCA RATON FL 33428 US | Mailing Address P.O. BOX 97-0069 SUITE 104 BOCA RATON FL 33497-0069 US |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|



DO NOT WRITE IN THIS SPACE

| | |
|---------------------------------------------------------------------|----------------------------------------------------|
| 2. Principal Place of Business <i>6300 Park of Commerce Blvd</i> | 3. Mailing Address <i>6300 Park of Commerce</i> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State <i>Boca Raton, FL</i> | City & State <i>Boca Raton FL</i> |
| Zip <i>33484</i> | Country |
| Zip <i>33484</i> | Country |

| | |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number 65-0287140 | 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

PALOMBI, GARY
 RESIDENTIAL MANAGEMENT CONCEPTS
 23123 STATE ROAD 7 #350A
 BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name: **MYRON SWATT**
 Street Address (P.O. Box Number is Not Acceptable): **PRIME MANAGEMENT**
6300 Park of Commerce
 City: **Boca Raton** FL Zip Code: **33484**

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]*
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. <input type="checkbox"/> | \$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 | FUCHS, LOUIS |
| STREET ADDRESS | 9498 BOCA RIVER CIR |
| CITY-ST-ZIP | BOCA RATON FL 33434 |
| TITLE | VD <input type="checkbox"/> Delete |
| NAME | TURCHIAELLI, DANIEL |
| STREET ADDRESS | 9416 BOCA RIVER CIR |
| CITY-ST-ZIP | BOCA RATON FL 33434 |
| TITLE | SD <input type="checkbox"/> Delete |
| NAME | LASMAN, JANE |
| STREET ADDRESS | 9392 BOCA RIVER CIR |
| CITY-ST-ZIP | BOCA RATON FL 33434 |
| TITLE | TD <input type="checkbox"/> Delete |
| NAME | SONNTAG, LORRAINE |
| STREET ADDRESS | 9422 BOCA RIVER CIR |
| CITY-ST-ZIP | BOCA RATON FL 33434 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | DE STEFANO, GLORIA |
| STREET ADDRESS | 9410 BOCA RIVER CIR |
| CITY-ST-ZIP | BOCA RATON FL 33434 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 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 | |
| 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: *[Signature]* PRES. 4-25-00 (561) 989-5058
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #