

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90140 037 \*\*\*\*70.00

**DOCUMENT # N14844**

1. Entity Name

**WATER OAK PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O LANG MANAGEMENT CO. INC  
 5295 TOWN CENTER RD #200  
 BOCA RATON FL 33486-1088

C/O LANG MANAGEMENT CO. INC  
 5295 TOWN CENTER RD #200  
 BOCA RATON FL 33486-1080

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0016575**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LANG MANAGEMENT CO., INC**  
**5295 TOWN CENTER RD #200**  
**BOCA RATON FL 33496**

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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	DOMAGALA, JEAN	2199 NW 59 ST	BOCA RATON FL 33496	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPD	ROTH, HENEL	5800 NW 23RD AVE	BOCA RATON FL 33496	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	PARISI, CATHY	2197 NW 59TH ST	BOCA RATON FL 33496	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	BOOKMAN, PHILLIP H	2301 N.W. 59 STREET	BOCA RATON FL 33496	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	PLOSHNICK, JOAN	5730 NW 22 AVE	BOCA RATON FL 33496	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)