

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90046 046 \*\*\*\*61.25

**DOCUMENT # N19838**

1. Entity Name

**BOCA GOLF AND TENNIS TOWNHOMES HOMEOWNERS ASSOCI**

Principal Place of Business

Mailing Address

C/O CAMPBELL PROP. MGM'T AND REAL ESTATE  
 1215 E. HILLSBORO BLVD.  
 DEERFIELD BEACH FL 33441

C/O CAMPBELL PROP. MGM'T AND REAL ESTATE  
 1215 E. HILLSBORO BLVD.  
 DEERFIELD BEACH FL 33441-4203



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

**59-2795995**

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

CAMPBELL PROP. MGM'T & REAL ESTATE INC.  
 1215 E. HILLSBORO BLVD.  
 DEERFIELD BEACH FL 33441

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 **D**  Delete  
 NAME **STARKE, BARRY**  
 STREET ADDRESS **17094 BOCA CLUB BLVD #3**  
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P**  Delete  
 NAME **KIGAR, DOUGLAS**  
 STREET ADDRESS **17052 BOCA CLUB BLVD. #6**  
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S**  Delete  
 NAME **COWIT, JACKIE**  
 STREET ADDRESS **17058 BOCA CLUB BLVD. #6**  
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **ALTANA, WALTER**  
 STREET ADDRESS **17052 BOCA CLUB BLVD #2**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **B**  Delete  
 NAME ~~LIPPMAN, ELAINE~~  
 STREET ADDRESS ~~17058 BOCA CLUB BLVD. #3~~  
 CITY-ST-ZIP ~~BOCA RATON FL 33487~~

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **Levee Harris**  
 STREET ADDRESS **17058 Boca Club Blvd #5**  
 CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE **D**  Change  Addition  
 NAME **LEVÉE, HARRIS**  
 STREET ADDRESS **17058 BOCA CLUB BLVD #5**  
 CITY-ST-ZIP **BOCA RATON, FL 33487**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Signature: Barry Starke, Pres 3/27/00*

Date

Daytime Phone #