

2000 UNIFORM BUSINESS REPORT (UBR)

0004320

DOCUMENT # N21009
 1. Entity Name
BOCA BAY MASTER ASSOCIATION, INC.

FILED
00 MAR 23 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
635 BOCA BAY DRIVE **500 WATER ST**
BOCA GRANDE FL 33921-1370 **S/C J-160**
US **JACKSONVILLE FL 32202-4423**
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **639 Boca Bay Drive** 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number **62-1342782** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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	PD BECK, S D 301 WEST BAY STREET JACKSONVILLE FL 32202 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD AFTOORA, PATRICIA J 500 WATER ST JACKSONVILLE FL 32202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOOD, R M 301 WEST BAY ST JACKSONVILLE FL 32202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCKINNEY, P B 635 BOCA BAY DRIVE BOCA GRANDE FL 33921 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, G 463 BLUE TEAL DRIVE BOCA GRANDE FL 33921 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNOLDS, W 130 HALF CLOVE COURT BOCA GRANDE FL 33921 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Stephen A. Crosby 301 W. Bay Street, Jacksonville, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600003191946--1 -03/31/00--0107J--004 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D David Dyche 128 Carrick Bend Lane, Boca Grande, FL 33921

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: *Patricia J. Aftoora* **Patricia J. Aftoora, Vice-President 3/17/2000 904-366-4242**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)