2000 UNIFORM BUSINESS REPORT (UBR)

DECÜMENT # N21009 1. Entity Name												900 0
BOCA BAY MASTER ASSOCIATION, INC.						FILED 00 MAR 23 PM 1: 07						
Principal Place of Business Mailing Address												
635 BOCA BA BOCA GRANDI US	Y DRIVE E FL 33921-1370	500 water St S/C J-160 Jacksonville FL 32202-4423 US				SECRETARY OF STATE TALLAHASSEE, FLORIDA						I
2. Principal B	Place of Business oca Bay Drive	3. Mailing Address										
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE							
City & Stat	te	City & State				4. FEI Number Applied For Not Applied For Not Applicable						
Zip	Country	Zip	Со	untry				\$8.75 Add Fee Required				
	6. Name and Address of Current i	Registered Agent		7. Name and Address of New Registered Agent								
		•		Name	- •	7 · ·						Į.
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD				Street A	Street Address (P.O. Box Number is Not Acceptable)							
PLANTATIO	ON FL 33324		City	FL Zip Code								
8. The above	named entity submits this statement for	the purpose of changing its	register	ed office o	registere	ed agent, or bo	oth, in the s	tate of Flo	rida.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature require) FILE NOW: 9. Election Campaign Financing\$5.1							1			Payable to		
FEE IS \$61.25 Trust Fund Contr					Added	d to Fees Department of State						
10.		OFFICERS AND DIRECTORS 1			Δ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE	PD Provide B			STREET ADDIBESS 1		☐ Change ☐ Addition ephen A. Crosby I W. Bay Street, Jacksonville, FL 3220					tion 66	
NAME STREET ADDRESS CITY-ST-ZIP	BECK, S D 301 WEST BAY STREET JACKSONVILLE FL 32202										322	₩
TITLE	SD Delete		TITL	TITLE							☐ Addii	
NAME STREET ADDRESS CITY-ST-ZIP	AFTOORA, PATRICIA J 500 WATER ST JACKSONVILLE FL 32202	A J		E Et address -st-zip		600003191946 -03/31/0001070004 *****61.25 ******61.2						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOOD, R M 301 WEST BAY ST JACKSONVILLE FL 32202	Delete .	lete TITLE - NAME - STREE CITY-:		<u>.</u>			-	. 1 	☐ Change	Addit	d on
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCKINNEY, P B 635 BOCA BAY DRIVE BOCA GRANDE FL 33921				/ <u> </u>	· i	F			☐ Change _,	Addit	tion
TITLE	D BAKER, G	Delete TIT								Change	Addit	tion
STREET ADDRESS CITY-ST-ZIP	463 BLUE TEAL DRIVE BOCA GRANDE FL 33921	,		ET ADDRESS -ST-ZIP		. !					. 4	
TITLE NAME STREET ADDRESS	D REYNOLDS, W 130 HALF CLOVE COURT	🔀 Delete	TITLI NAM STRE			d Dyche				☐ Change	Addit	
CITY-ST-ZIP	BOCA GRANDE FL 33921	this filing does not available.	CITY	-ST-ZIP		Carrick		· · · · · · · · · · · · · · · · · · ·				
indicated of the cor	certify that the information supplied with I on this report or supplemental report is rooration or the receiver or trustee empor I, or on an attachment with an address, w	true and accurate and that m wered to execute this report a	v signa:	ture shall h	ave the s	ame legal effe	ct as if mad	le under o	ath: that I	am an officer∍	or directo	or

Patricia-J. Aftoora, Vice-President 3/17/2000 904-366-4242

SIGNATURE AND TYPED OR BUILD DAILY DOLLARS Phone 4 SIGNATURE: \