

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

0000138

DOCUMENT # N21009

1. Entity Name

BOCA BAY MASTER ASSOCIATION, INC.

03-22-2001 90009 035 ****61.25

Principal Place of Business

Mailing Address

639 BOCA BAY DRIVE
 BOCA GRANDE FL 33921-1370
 US

500 WATER ST
 S/C J-160
 JACKSONVILLE FL 32202
 US

C0036515



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

62-1342782

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 **PD** Delete
 NAME **CROSBY, STEPHEN A**
 STREET ADDRESS **301 WEST BAY STREET**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VSD** Delete
 NAME **AFTOORA, PATRICIA J**
 STREET ADDRESS **500 WATER ST**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **HOOD, R M**
 STREET ADDRESS **301 WEST BAY ST**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **V D T** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BAKER, G**
 STREET ADDRESS **463 BLUE TEAL DRIVE**
 CITY-ST-ZIP **BOCA GRANDE FL 33921**

TITLE **D** Change Addition
 NAME **Meanwell, Walter**
 STREET ADDRESS **391 Royal Tern Drive, Boca Grande, FL 33921**
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **DYCHE, DAVID**
 STREET ADDRESS **128 CARRICK BEND LANE**
 CITY-ST-ZIP **BOCA GRANDE FL 33921**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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.

Patricia J. Aftoora

SIGNATURE:

Patricia J. Aftoora
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice-President

March 15, 2001

904-366-4242

Date

Daytime Phone #

CR2E037 (10/00)