

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90471 030 ****61.25

0032366

DOCUMENT # N21177
 1. Entity Name
BEAR ISLAND HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 2328 S CONGRESS AVE SUITE 2A WEST PALM BEACH FL 33406	Mailing Address 2328 S CONGRESS AVE SUITE 2A WEST PALM BEACH FL 33406
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BU062741



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2581 Jupiter Park	3. Mailing Address Same
4. Suite, Apt. #, etc. Suite E-3	5. Suite, Apt. #, etc.
6. City & State Jupiter, FL	7. City & State

8. Zip 33458	9. Country USA	10. Zip	11. Country
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4. FEI Number 59-2814223	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
~~ST. JOHN, DAVID~~
~~% ST. JOHN, DICKER & CAPLAN~~
~~500 AUSTRALIAN AVENUE SOUTH, SUITE 600~~
~~W. PALM BEACH FL 33401~~

7. Name and Address of New Registered Agent
 Name **Scott Stoloff**
 Street Address (P.O. Box Number is Not Acceptable)
40 Dicker, Krivok + Stoloff
1818 Australian Ave So #400
 City **WPB** State **FL** Zip Code **33409**

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 _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HEMLY, WILLIAM 1280 GATOR TRAIL WEST PALM BEACH FL 33409	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MEISENZAHL, WAYNE R 1110 BEAR ISLAND DR WEST PALM BEACH FL 33409	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHAROUBIM, KAMAL 2755 MEADOWLARK LANE WEST PALM BEACH FL 33409	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MAJORANA, VITO J 2780 WILDERNESS ROAD WEST PALM BEACH FL 33409	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROPIN, JOAL MD 1360 WILDERNESS RD WEST PALM BEACH FL 33409	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Vito J Majorana	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Frank Moscato DT 2581 Jupiter Park Dr. E3 Jupiter, FL 33458	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 **Vito J Majorana** Date _____ Daytime Phone # **561 745-9051**

CR2E037 (9/01)