

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N23337**

1. Entity Name

BOCA BAY HOMEOWNERS ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL -7 AM 10:52

Principal Place of Business: 9645 CAROUSEL CIRC SOUTH, BOCA RATON FL 33434 US
Mailing Address: P.O. BOX B600, BOCA RATON FL 33429-0487 US



2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

DO NOT WRITE IN THIS SPACE
5/12/00 90012 024 \$01.75
4. FEI Number: 65-0021705
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HARTMAN, EDWARD P
502 NE 48TH STREET
BOCA RATON FL 33431-5124

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: _____

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 NAME: GROSS, BEVERLY STREET ADDRESS: 9584 EAST LAKE DRIVE CITY-ST-ZIP: BOCA RATON FL	<input type="checkbox"/> Delete	TITLE: Vice President NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DT NAME: BIFANO, ANTHONY STREET ADDRESS: 9645 CAROUSEL CIR SOUTH CITY-ST-ZIP: BOCA RATON FL	<input type="checkbox"/> Delete	TITLE: President NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: GROSS, RONALD STREET ADDRESS: 9584 EAST LAKE DR CITY-ST-ZIP: BOCA RATON FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: CRONOU, CATHERINE STREET ADDRESS: 9586 CAROUSEL CIRCLE NORTH CITY-ST-ZIP: BOCA RATON FL 33434	<input checked="" type="checkbox"/> Delete	TITLE: Treasurer NAME: Newman, Christina L. STREET ADDRESS: 9669 Carousal Circle North CITY-ST-ZIP: Boca Raton, FL 33434	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: CRONOU, SHAWN STREET ADDRESS: 9586 CAROUSEL CIRCLE NORTH CITY-ST-ZIP: BOCA RATON FL 33434	<input checked="" type="checkbox"/> Delete	TITLE: Secretary NAME: Wagner, Stuart STREET ADDRESS: 9656 West Lake Court CITY-ST-ZIP: Boca Raton, FL 33434	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input 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] **REQUIRE** gross 4/29/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 19/99