0051667	

## **2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N23337** 1. Entity Name BOCA BAY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9645 CAROUSEL CIRC SOUTH BOCA RATON FL 33434

P.O. BOX B600 BOCA RATON FL 33429-B600

2. Principal Place of Business	13
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9600 CarouselCinde	إزلا
Suite, Apt. #, etc.	

3. Mailing Address

Suite, Apt. #, etc.

FILED May 15, 2001 8:00 am Secretary of State 05-15-2001 90160 032 \*\*\*\*61.25

00051719



DO NOT WRITE IN THIS SPACE

### Street Address of New Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name    Name   Nam								
September   Sept			City & State		4. FEI Numbe	65-0021705		olied For Applicable
6. Name and Address of Current Registered Agent  Name  HARTMAN, EDWARD P 502 NE 48TH STREET BOCA RATON FL 33431-5124  CIV. Co. C.	32H3	Country	Zip	Country	5. Certificate		8.75 Addi	tional
Name    Street Address   P.O. Box Number is Not Acceptable			egistered Agent		7 Name and		<del>`</del>	
SIGNATURE    Signature, types or primed name of registered agent and site if applicable.   NOTE Registered Agent signature vacured when reinstating)   DATE			-g-o-to-r-igotti	Name	T. Hamo and	Auditor of Non Hegiotereu A	gent	
B. 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, hyperd or printed name of registered agent and side if applicable.   (NOTE: Registered Agent algrature required when reinstating)   DATE	502 NE 48TH STREET			96	9600 Carousel Circle South			
SIGNATURE    Signature, typed or printed name of registered agent and 08e if applicable.   (NOTE: Registered Agent agent agent, or both, in the state of Florida.					aca Rate	. FL		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I ITILE NAME STREET ADDRESS CITY-ST-ZIP BOCA RATON FL  TITLE NAME SIREET ADDRESS CITY-ST-ZIP BOCA RATON FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP BOCA RATON FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADD		FILE NOW:	9. Election Campaign	Financing	<b>\$5.00</b> May Be	Make Check F		
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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:

Author R. Land

4-19-01 511-558-994