

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24440

1. Entity Name

MONTEGO BAY AT BOCA POINTE CONDOMINIUM ASSOCIATI

Principal Place of Business

8211 W. BROWARD BLVD., PH 1  
PLANTATION FL 33324

Mailing Address

8211 W. BROWARD BLVD., PH 1  
PLANTATION FL 33324

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

FRANK, EFFMAN, WEINBERG, BLACK P.A.  
8000 PETERS ROAD  
PLANTATION FL 33324

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

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

TITLE PD  
NAME CHASHIN, BRUCE ☐ Delete  
STREET ADDRESS 6691 D MONTEGO BAY BOULEVARD  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE VPD  
NAME PERRY, EDWARD ☐ Delete  
STREET ADDRESS 6730 A MONTEGO BAY BOULEVARD  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE TD  
NAME MEISEL, MEL ☐ Delete  
STREET ADDRESS 6683 A MONTEGO BAY BOULEVARD  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Mar 01, 2001 8:00 am  
Secretary of State

03-01-2001 90452 001 \*\*\*\*23.89

03-01-2001 90452 002 \*\*\*\*23.27

03-01-2001 90452 003 \*\*\*\*14.09

62850



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0026949

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E037 (10/00)