FILED
Apr 28, 2002 8:00 am
Secretary of State
03-28-2002 90165 047 ****61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28673

1. Entity Name
Impressions at Boca Chase Homeowners Association 98, Inc ✓

DO NOT WRITE IN THIS SPACE

[redacted]

25709

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o C.A.M.S.	c/o C.A.M.S.
Suite, Apt. #, etc. 314 NE 3rd Street	Suite, Apt. #, etc. 314 NE 3rd Street
City & State Boynton Beach FL	City & State Boynton Beach FL
Zip 33435 Country USA	Zip 33435 Country USA

4. FEI Number 650152323 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name NANCY F. Ross ESQUIRE

Street Address (P.O. Box Number is Not Acceptable) St John, Core, Fiore & Lemme P.A.

500 Australian Ave So., Suite 600

City W. Palm Beach FL Zip Code 33401

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

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	DP
NAME	Robert miller
STREET ADDRESS	21441 millbrook Court
CITY-ST-ZIP	BocaRaton, FL 33498
TITLE	VPD
NAME	manny mauricio
STREET ADDRESS	11262 Jasmine #1 Circle
CITY-ST-ZIP	Boca Raton FL 33498
TITLE	D
NAME	E David Fox
STREET ADDRESS	11389 Coral Bay Drive
CITY-ST-ZIP	Boca Raton FL 33498
TITLE	STD
NAME	John Curry
STREET ADDRESS	11194 Jasmine Hill Circle
CITY-ST-ZIP	Boca Raton FL 33498
TITLE	D
NAME	Ramses Veloso
STREET ADDRESS	11250 Jasmine Hill Circle
CITY-ST-ZIP	Boca Raton FL 33498
TITLE	
NAME	
STREET ADDRESS	
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #