2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 06, 2002 8:00 am Secretary of State **DOCUMENT # N31182** 1. Entity Name 05-06-2002 90149 020 ****61.25 CORAL BAY AT BOCA CHASE HOMEOWNERS ASSOCIATION. INC. Principal Place of Business Mailing Address C/O C.A.M.S. C/O C.A.M.S. 314 N.E. 3RD STREET 314 N.E. 3RD STREET **BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-03/8739 Applied For 65-0152323 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ST John, Gore, Fiore + Lemme P.A. Street Address (P.O. Box Number is Not Acceptable) ST.JOHN, DICKER, CAPLAN, KRIVCK & CORE, P.A. 500 AUSTRALIAN AVE. SOUTH SUITE 600 Suite 600 WEST PALM BEACH FL 33401 Zip Code 3340 stPalm Beach 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) of Prister Capania 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Addition Change NAME VINCENT CANNATELLA NAME STREET ADDRESS 18058 CLEARBROOK CIR STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33498** CITY-ST-ZIP TITLE ٧D ☐ Delete ☐ Addition Change NAME **EDWARD MOTTOLA** NAME STREET ADDRESS 18281 FRESH LAKEWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33498 TITLE TD Delete_ TITLE ☐ Change ☐ Addition NAME Gallagher, Gerry NAME STREET ADDRESS 18050 CLEARBROOK CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33498 DS ☐ Delete TITLE ☐ Change ☐ Addition NAME DONATO, SHERYL NAME STREET ADDRESS 18042 CLEARBROOK CIRCLE STREET ADDRESS CITY-ST-ZIP CJTY-ST-7IP BOCA RATON FL 33498 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME saltzman, howard NAME STREET ADDRESS 18067 CLEARBROOK CIRCLE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL 33498** TITLE D □ Delete TITLE Change ☐ Addition NAME arden, sandra NAME STREET ADDRESS 18102 CLEARBROOK CIRCLE STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33498** 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

Davtime Phone #