

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90082 043 \*\*\*\*61.25

**DOCUMENT # N31899**

1. Entity Name

**TIERRA DEL REY SOUTH PROPERTY OWNERS ASSOCIATION**

Principal Place of Business

Mailing Address

C/O BOHICA PROP  
 3850 NW 2ND AVE #2  
 BOCA RATON FL 33431  
 US

C/O BOHICA PROP  
 3850 NW 2ND AVE #2  
 BOCA RATON FL 33431-5848  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2160282**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLLINS, MARCIA**  
 3850 NW 2 AVE #2  
 BOCA RATON FL 33431

Name **Eric Estebanez**  
 Street Address (P.O. Box Number is Not Acceptable)  
**Pointe Mgmt Group**

**75 NE. 6th Ave Suite 202**

City **Delray Beach**

**FL**

Zip Code **33483**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD**  Delete  
 NAME **FITZGERALD, JACK**  
 STREET ADDRESS **3850 NW BOCA RATON BLVD**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **P./D.**  Change  Addition  
 NAME **Ronald Blum**  
 STREET ADDRESS **10108 EL PARAISO PL.**  
 CITY-ST-ZIP **Delray Beach, FL. 33446**

TITLE **TD**  Delete  
 NAME **MCGINNIS, KATHY**  
 STREET ADDRESS **38501 NW BOCA RATON BLVD**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **SIT./D.**  Change  Addition  
 NAME **Robert Picow**  
 STREET ADDRESS **10392 EL PARAISO DR.**  
 CITY-ST-ZIP **Delray Beach, FL. 33446**

TITLE **PD**  Delete  
 NAME **KARR, GEORGE J.**  
 STREET ADDRESS **3850 NW BOCA RATON BLVD**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **D.**  Change  Addition  
 NAME **David Sanz**  
 STREET ADDRESS **10179 EL PARAISO PL.**  
 CITY-ST-ZIP **Delray Beach, FL. 33446**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 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 #

CR2E037 (9/99)