

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

**FILED
Mar 14, 2002 8:00 am
Secretary of State**

03-14-2002 90331 026 ****61.25

DOCUMENT # N38622
1. Entity Name
BOCA QUAY HOMEOWNERS' ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business c/o Castle Management, Inc. Suite, Apt. #, etc. P.O. Box 189013	3. Mailing Address c/o Castle Management, Inc. Suite, Apt. #, etc. P.O. Box 189013
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0331643	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: **Larry E. Schner, P.A.**
Street Address (P.O. Box Number is Not Acceptable): **750 Dixie Hwy South**
City: **Boca Raton** **FL** Zip Code: **33432**

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hirsh, Laura 898 Jeffery Street Boca Raton, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Hobschaidt, Jacob 912 E. Jeffery Street Boca Raton, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Mekarski, Joleen 1046 E. Jeffery Street Boca Raton, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD McPeters, Lynora 1076 E. Jeffery Street Boca Raton, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Trifletti, Connie 910 E. Jeffery Street Boca Raton, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *Laura Hirsh* **Laura Hirsh, President** **2-15-02 (561) 276-4500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #