


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90068 046 ****61.25

DOCUMENT # N38622

1. Entity Name
BOCA QUAY HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**C/O CASTLE MGMT INC
PO BOX 189013
PLANTATION FL 33318**

Mailing Address
**C/O CASTLE MGMT INC
PO BOX 189013
PLANTATION FL 33318**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0331643** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHNER, LARRY E PA
750 SOUTH DIXIE HIGHWAY
BOCA RATON FL 33432**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HIRSH, LAURA	
STREET ADDRESS	898 JEFFERY STREET	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOBSCHAIDT, JACOB	
STREET ADDRESS	912 E JEFFERY STREET	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MCPETERS, LYNORA	
STREET ADDRESS	1076 E JEFFERY STREET	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRIFLETTI, CONNIE	
STREET ADDRESS	910 E JEFFERY STREET	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCKARSKI, JOLEEN	
STREET ADDRESS	1046 E JEFFERY STREET	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MATIRE, MARK	
STREET ADDRESS	960 E JEFFREY ST	
CITY-ST-ZIP	BOCA RATON FL 33487	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARAZINO, JOYCE	
STREET ADDRESS	862 E. JEFFERY STREET	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKARSKI, JOLEEN	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Laura Hirsh* President 2/10/03 (510) 276-4500

CR2F037 (10/02)