

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90280 028 ****61.25

DOCUMENT # N41838

1. Entity Name

BOCA HIGHLAND COMMUNITY YACHT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~SUITE 106, 7200 W. PALMETTO PARK RD.
 BOCA RATON FL 33433~~

~~SUITE 106, 7200 W. PALMETTO PARK RD.
 BOCA RATON FL 33433-3423~~

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

616 E. ATLANTIC AVE.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH

City & State

4. FEI Number

65-0253441

Applied For

Not Applicable

Zip

33483

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CLAIRE, ROBERT
 SUITE 106
 7200 W. PALMETTO PARK RD.
 BOCA RATON FL 33433~~

Name: **MYRON S. DUNAY, P.A. ATTORNEY**

Street Address (P.O. Box Number is Not Acceptable)
616 E. ATLANTIC AVE.

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

Myron S. Dunay
MYRON S. DUNAY

1/11/2000
 DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**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 Delete
PD PRESIDENT
 NAME **THOMAS, GEORGE**
 STREET ADDRESS **4600 S OCEAN BLVD APT 902**
 CITY-ST-ZIP **HIGHLAND BEACH FL 33487**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
VD 2ND V.P.
 NAME **SILVERMAN, ARNOLD**
 STREET ADDRESS **4600 S OCEAN BLVD APT LPH**
 CITY-ST-ZIP **HIGHLAND BEACH FL 33487**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
TREAS.
 NAME **WOLFSON, CRAFTON**
 STREET ADDRESS **4740 S OCEAN BLVD APT 402**
 CITY-ST-ZIP **HIGHLAND BCH FL 33487**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
ST. VP & SECY.
 NAME **KAY, ROBERT**
 STREET ADDRESS **4746 S. OCEAN BLVD. APT. EB-12**
 CITY-ST-ZIP **HIGHLAND BEACH, FL 33487**

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:

Crafton Wolfson
CRAFTON WOLFSON, TREAS. **1/11/2000** **561-447-9665**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)