

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90082 001 ****61.25

DOCUMENT # N42566

1. Entity Name

BALBOA POINT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

951 BROKEN SOUND PKWY
 SUITE 250
 BOCA RATON FL 33487

951 BROKEN SOUND PKWY
 SUITE 250
 BOCA RATON FL 33487-3506

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0320980

Applied For

Not Applicable

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

COMMUNITY ASSOCIATION SERVICES INC.
 951 BROKEN SOUND PKWY, STE 250
 BOCA RATON FL 33487

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.

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
TD	RUDICH, FLORENCE	17332 BALBOA PT. WAY	BOCA RATON FL 33487	<input checked="" type="checkbox"/>	VD	HENRY, GRAF	17315 Ventana Dr.	BOCA RATON, FL 33487	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	GREENFIELD, ROBERT N	17212 BALBOA POINT WAY	BOCA RATON FL 33487	<input checked="" type="checkbox"/>	TD	Rena Allen	3752 Garham Way	BOCA RATON 33487	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PD	BAUER, KARL	17194 VENTANA DRIVE	BOCA RATON FL 33487	<input checked="" type="checkbox"/>	D	Dandra Cerel	3768 Garham Way	BOCA RATON 33487	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PD	LEVIN, DORIS	17285 BALBOA POINT WAY	BOCA RATON FL 33487	<input type="checkbox"/>	PD	LEVIN, DORIS			<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	RENTZER, LINDA	17260 BALBOA POINT WAY	BOCA RATON FL 33487	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED 3/3/00 561 994-1788
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #