

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90020 035 ****61.25

DOCUMENT # N42566

1. Entity Name
BALBOA POINT ASSOCIATION, INC.

Principal Place of Business 951 BROKEN SOUND PKWY SUITE 250 BOCA RATON FL 33487	Mailing Address 951 BROKEN SOUND PKWY SUITE 250 BOCA RATON FL 33487
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 301 W. CAMINO GARDENS BLVD P.O. Box 1390 Suite, Apt. #, etc. Suite 200	3. Mailing Address 301 W. CAMINO GARDENS BLVD P.O. Box 1390 Suite, Apt. #, etc. Suite 200
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City & State BOCA RATON, FL	City & State BOCA RATON, FL	4. FEI Number 65-0320980	Applied For <input type="checkbox"/> Not Applicable
Zip 33432	Country US	Zip 33429	Country US

6. Name and Address of Current Registered Agent COMMUNITY ASSOCIATION SERVICES INC. 951 BROKEN SOUND PKWY, STE 250 BOCA RATON FL 33487	7. Name and Address of New Registered Agent Name ANDREW C. GLEN Street Address (P.O. Box Number is Not Acceptable) 301 W. CAMINO GARDENS BLVD Suite 200 City BOCA RATON FL Zip Code 33432
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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)

**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	TD RUDICH, FLORENCE 17332 BALBOA PT. WAY BOCA RATON FL 33487 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALLEN, RENA 301 W. CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREENFIELD, ROBERT N 17212 BALBOA POINT WAY BOCA RATON FL 33487 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CEREL, SANDRA 301 W. CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAUER, KARL 17194 VENTANA DRIVE BOCA RATON FL 33487 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WAX, EVERETT 301 W. CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEVIN, DORIS 17285 BALBOA POINT WAY BOCA RATON FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVIN, DORIS 301 W. CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENTZER, LINDA 17260 BALBOA POINT WAY BOCA RATON FL 33487 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DE VIVO, AL 301 W. CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED** *Rena S. Allen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)