

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

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90119 015 \*\*\*\*61.25

**DOCUMENT # N44543**

1. Entity Name  
**LAKES AT BOCA RATON COMMERCIAL PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**6554 LANDINGS COURT  
BOCA RATON FL 33496**

Mailing Address  
**P O BOX 810941  
BOCA RATON FL 33481**

~00001048

2. Principal Place of Business  
**2295 NW CORPORATE BLVD.**

3. Mailing Address  
**2295 NW CORPORATE BLVD.**

Suite, Apt. #, etc.  
**SUITE 138**

Suite, Apt. #, etc.  
**SUITE 138**

City & State  
**BOCA RATON, FL**

City & State  
**BOCA RATON, FL**

Zip  
**33431**

Country  
**USA**

Zip  
**33431**

Country  
**USA**

4. FEI Number **59-2620244**

Applied For  
Not Applicable

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

**HAAG, DAVID  
2801 N MILITARY TRAIL  
BOCA RATON FL 33431**

Name  
**HAAG, DAVID**

Street Address (P.O. Box Number is Not Acceptable)  
**2295 NW CORPORATE BLVD.**

**SUITE 138**

City  
**BOCA RATON**

FL Zip Code  
**33431**

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 *David Haag*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
NAME **STERNBERG, JERRY**  
STREET ADDRESS **6554 LANDINGS COURY**  
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD**  Delete  
NAME **KASSER, NORMAN**  
STREET ADDRESS **7280 CAMPENA COURT**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **STD**  Delete  
NAME **JEMILO, KATHY**  
STREET ADDRESS **1603 W 16TH ST**  
CITY-ST-ZIP **OAKBROOK IL 60523**

TITLE  Change  Addition  
NAME **TD TARNOWSKI, NANCY**  
STREET ADDRESS **Box 740521**  
CITY-ST-ZIP **BYNTON BEACH, FL**

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

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: *[Signature]* SIGNATURE REQUIRED

1/10/03

561-241-0285

CR2E037 (10/02)