

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90007 002 \*\*\*\*61.25

**DOCUMENT # N94000000237**

1. Entity Name

**BOCA ISLES SOUTH PROPERTY OWNERS ASSOCIATION, IN**

Principal Place of Business

Mailing Address

C/O G.R.S. MANAGEMENT ASSOCIATES, INC  
 3800 WOODLAKE BLVD. STE 201  
 LAKE WORTH FL 33463  
 US

C/O C.R.S MANAGEMENT ASSOCIATION, INC  
 3900 WOODLAKE BLVD., STE 201  
 LAKE WORTH FL 33463  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0542783**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KRIVOK, JIM**  
**500 AUSTRALIAN AVE S STE 600**  
**WEST PALM BEACH FL 33401**

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	SD	<input checked="" type="checkbox"/> Delete
NAME	BERGMAN, DANIEL	
STREET ADDRESS	20017 PALM DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KELLER, MATTHEW	
STREET ADDRESS	20167 PALM ISLAND DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SUPPO, HOWARD	
STREET ADDRESS	20143 PALM ISLAND DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RIZK, SHELIA	
STREET ADDRESS	10918 KING BAY DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEINER, GARY	
STREET ADDRESS	20148 PALM ISLAND DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	(D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bergman, Daniel	
STREET ADDRESS	20017 Palm Drive	
CITY-ST-ZIP	BOCA RATON, FL 33498	
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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rick, shelia	
STREET ADDRESS	10918 King Bay Drive	
CITY-ST-ZIP	BOCA RATON, FL 33498	
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	LINDA WEITZ	
STREET ADDRESS	20149 Palm Island Drive	
CITY-ST-ZIP	BOCA RATON FL 33498	

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]* **President** **2/15/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)