

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

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90116 012 ****61.25

DOCUMENT # **N94000000237**

1. Entity Name
BOCA ISLES SOUTH PROPERTY OWNERS ASSOCIATION, IN C.



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

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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
19951 OCEAN KEY DRIVE
Suite, Apt. #, etc.

City & State
BOCA RATON, FL

Zip Country
33498 USA

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0542783** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**DICKER, KRIVOK & STOLZIFF, PA
1818 AUSTRALIAN AVE S
STE 400
WEST PALM BEACH FL 33405**

7. Name and Address of New Registered Agent
Name **Louis Caplan, Rosalyn Sax + Klein, P.A.**
Street Address (P.O. Box Number is Not Acceptable)
**Northern Trust Plaza
301 Yamato Road, suite 4150
Boca Raton FL 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 (NOTE: Registered Agent signature required when reinstating) DATE **3/13/03**

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 NAME STREET ADDRESS CITY-ST-ZIP	VD PESCE, FRANK 10861 BAL HARBOR DR BOCA RATON FL 33498 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rhoda Goldstein 20076 Palm Island Dr Boca Raton, FL 33498 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KELLER, MATTHEW 20167 PALM ISLAND DRIVE BOCA RATON, FL 33498 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUPPO, HOWARD 20143 PALM ISLAND DRIVE BOCA RATON FL 33498 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHUBITZ, LEONARD 20084 OCEAN KEY DR BOCA RATON FL 33498 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WYMAN, ROBERT 20088 OCEAN KEY DR BOCA RATON FL 33498 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEITZ, LINDA 20149 PALM ISLAND DRIVE BOCA RATON FL 33498 <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: **3/13/03 (561) 477-7334**

CR2E037 (10/02)