## **FILED** Jun 20, 2001 8:00 am

**Secretary of State** 

06-20-2001 90667 011 \*\*\*122.50

## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N97000001091

## WATER'S EDGE AT PARKLAND HOMEOWNERS ASSOCIATION,



951 BROKEN SOUND PKWY STE 250 **BOCA RATON FL 33487** 

Principal Place of Business

Mailing Address

C/O COMMUNITY ASSN. SVCS. INC. 951 BROKEN SOUND PKWY #250 BOCA RATON FL 33487



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City & State	al Gorina x	City & Shite So()	NS 17	4. FEI Numb	er 65-0741596	<u> </u>	pplied For		
z h 30	Country 1	3907	OCPUSTY A	5. Certificate	of Status Desired	\$8.75 Ad	Iditional		
- /	6. Name and Address of Current R	7,1	7. Name and Address of New Registered Agent						
			Name	Name					
PROOF MANAGEMENT COMPANY			Street A	Street Address (P.O. Box Number is Not Acceptable)					
BROCK MANAGEMENT COMPANY									
11606 NW 19TH CT CORAL SPRINGS FL 33071									
			City Zip Code						
ė.				City FL Zip Code					
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office or	registered agent, or bo	th, in the state of Florida.				
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: R	legistered Agent signatu	ure required when reinstating)	DATE			ĺ	
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FILE NOW: 9. Election Campaign Fir			· · ·	_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		-	,		
	FEE IS \$61.25	Trade of the sound see	5.1 <u> </u>	Added to 1 des	Departine	iii vi State			
10.	OFFICERS AND DIRE	ECTORS	11	ADDITIONS/CH	ANGES TO OFFICERS AND I	DIRECTORS II	V 10/		
TITLE	Р	Delete	TITLE TO	Ben Epsteir	1	☐ Change	Addition	8	
NAME	GILLIAM, FREDERICK	<b>N</b>	NAME					(10/00)	
STREET ADDRESS	10408 NW 58TH PL	1	STREET ADDRESS	10468 nw				37 (	
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NAME	SANTELLA, MARK	$\sim$	NAME	10427 no					
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NAME	ANSTIS, JEFF		NAME	MOHARS D	w 0801			l	
STREET ADDRESS CITY-ST-ZIP	10330 NW 60TH PL		STREET ADDRESS CITY-ST-ZIP	Par Klan	C1 33074				
	PARKLAND FL 33076	П		par lage	PIZZ	[T] 05		1	
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STREET ADDRESS	10467 NW 58 PL		STREET ADDRESS						
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STREET ADDRESS	10210 NW 60TH PL	1	STREET ADDRESS					ĺ	
CITY-ST-ZIP	PARKLAND FL 33076	10	CITY-ST-ZIP						
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NAME	GILL, MARK	<b>/</b> \( \sqrt{\sq}}}}}}}}}}} \sqrt{\sq}}}}}}}}}}} \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}} \sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}} \end{\sqrt{\sqrt{\sq}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sq}}}}}}}} \end{\sqrt{\sqrt{\sq}	NAME			-			
STREET ADDRESS	10210 NW 60TH PL	•	STREET ADDRESS					, ·	
CITY-ST-ZIP	PARKLAND FL 33076		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.

REUMBRUSED

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