

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90106 026 ****61.25

DOCUMENT # N97000001222

1. Entity Name

MIZNER POINTE OF BOCA HOMEOWNERS ASSOCIATION, IN

Principal Place of Business

Mailing Address

C/O GLEN MANAGEMENT
 4301 OAK CIRCLE #23
 BOCA RATON FL 33431

C/O GLEN MANAGEMENT
 P.O. BOX 1390
 BOCA RATON FL 33429-1390

2. Principal Place of Business

3. Mailing Address

C/O Glen Management Services

Suite, Apt. #, etc.

Suite, Apt. #, etc.

301 W. Camino Gardens Blvd

City & State

City & State

Boca Raton, FL

Zip

Country

Zip

Country

33432

Palm Beach

4. FEI Number

65-0737925

Applied For

Not Applicable

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

GLEN MANAGEMENT SERVICES, INC.
 C/O ANDREW C. GLEN
 4301 OAK CIRCLE #23
 BOCA RATON FL 33431

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

301 W. CAMINO GARDENS BLVD,

Suite 200

City

BOCA RATON

FL

Zip Code

33432

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

[Signature]
A. GLEN

1/19/99.

**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 **D** Delete
 NAME **FELDBSTEEN, LEIGH** *Joyce Pearson*
 STREET ADDRESS **5166 N.W. 57TH WAY**
 CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE **D** Change Addition
 NAME **PEARSON, JOYCE**
 STREET ADDRESS **5166 NW 57th Way**
 CITY-ST-ZIP **Coral Springs FL 33067**

TITLE **D** Delete
 NAME **ENGELSTEIN, HARRY**
 STREET ADDRESS **123 NW 13TH ST, STE 300**
 CITY-ST-ZIP **BOCA RATON FL 33432**

Change Addition

TITLE **D** Delete
 NAME **GAUDET, LYNNE**
 STREET ADDRESS **123 NW 13TH ST, STE 300**
 CITY-ST-ZIP **BOCA RATON FL 33432**

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #