

2000 UNIFORM BUSINESS REPORT (UBR)

9/1

FILED
Sep 19, 2000 8:00 am
Secretary of State

09-01-2000 90004 012 ****70.00

DOCUMENT # N99000005506

1. Entity Name
MISSION BAY OFFICE PLAZA CONDOMINIUM ASSOCIATION

Principal Place of Business Mailing Address
 2295 CORPORATE BOULEVARD, N.W.
 SUITE 110
 BOCA RATON FL 33431 2295 CORPORATE BOULEVARD, N.W.
 SUITE 110
 BOCA RATON FL 33431

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent
SHROEDER, MICHAEL A
ONE BOCA PLACE-ATRIUM 319
2255 GLADES ROAD
BOCA RATON FL 33431

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	GERALD WOCHNA, D <input type="checkbox"/> Delete 2295 CORPORATE BLVD SUITE 110 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARILYN FAZIO, D <input type="checkbox"/> Delete 2295 CORPORATE BLVD SUITE 110 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLIAM J. HABLY, JR. D <input type="checkbox"/> Delete 2295 CORPORATE BLVD SUITE 110 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Change <input type="checkbox"/> Addition WILLIAM J. HABLY, JR. 2295 CORPORATE BLVD SUITE 110 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-P <input type="checkbox"/> Change <input type="checkbox"/> Addition GERALD WOCHNA 2295 CORPORATE BLVD SUITE 110 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: WILLIAM J. HABLY, JR.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/00 561-241-7444
 Date Daytime Phone #

CR2E037 (5/00)