

FILED
May 23, 2001 8:00 am
Secretary of State

03-20-2001 90038 031 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

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

210 HAAG MANAGEMENT INC.

2801 N. MILITARY TRAIL

BOCA RATON, FL

33431

PALM BEACH

4. FEI Number

65-1098495 APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHROEDER, MICHAEL A
ONE BOCA PLACE-TRIUM 319
2255 GLADES ROAD
BOCA RATON FL 33431

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:
FEES 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 Delete
NAME **D**
STREET ADDRESS **WOCHNA, GERALD**
CITY-ST-ZIP **2295 CORPORATE BLVD STE 110**
BOCA RATON FL 33431

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D**
STREET ADDRESS **FAZIOLI, MARILYN**
CITY-ST-ZIP **2295 CORPORATE BLVD STE 110**
BOCA RATON FL 33431

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D**
STREET ADDRESS **HASLY, JR, WILLIAM J**
CITY-ST-ZIP **2295 CORPORATE BLVD STE 110**
BOCA RATON FL 33431

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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 the empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)