

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00941

1. Entity Name

BOCA HAMLET HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 27-3332  
BOCA RATON FL 33427

Mailing Address

P.O. BOX 27-3332  
BOCA RATON FL 33427-3332

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

01-25-2000 90084 025 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0145173

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

Name

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

City

**FL**

Zip Code

LEVINE, CURTIS  
%LEVINE & ASSOCIATES  
2101 CORP. BLVD. #105  
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 ☐ Delete  
NAME PD  
STREET ADDRESS HAHN, LYNN  
CITY-ST-ZIP P.O. BOX 27-3332 N/A  
BOCA RATON FL 33427

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS JACOBS, MERVIN  
CITY-ST-ZIP P.O. BOX 27-3332 N/A  
BOCA RATON FL 33427

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME FD  
STREET ADDRESS GELBART, TONY  
CITY-ST-ZIP P.O. BOX 27-3332 N/A  
BOCA RATON FL 33427

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME SDTD  
STREET ADDRESS LEVINE, ELEANOR  
CITY-ST-ZIP P.O. BOX 273846 N/A  
BOCA RATON FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MARGOLIES, SARAH  
CITY-ST-ZIP PO BOX 27-3332  
BOCA RATON FL 33427

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS LINDA STRUHN  
CITY-ST-ZIP P.O. BOX 27-3332  
BOCA RATON FL 33427

TITLE ☒ Delete  
NAME D  
STREET ADDRESS KAETIN, BRUCE  
CITY-ST-ZIP PO BOX 27-3332  
BOCA RATON FL 33427

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS ADIT BOL PAMELA  
CITY-ST-ZIP P.O. BOX 27-3332  
BOCA RATON FL 33427

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:

*ELEANOR M. LEVINE*

*Eleanor M. Levine*

*1/18/00*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #