## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 26, 2000 8:00 am Secretary of State DOCUMENT # 764082 1. Entity Name THE WOODS AT BOCA DEL MAR CONDOMINIUM, INC. 01-26-2000 90097 028 \*\*\*\*61.25 Principal Place of Business Mailing Address LAKE FOREST CIRCLE 1000 HOLLAND DRIVE **BOCA RATON FL 33433 BOCA RATON FL 33487-2723** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2267744 Not ----\$8.75 Additional Country Country 5. Certificate of Status Desired 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) SCHNER, LARRY 750 S DIXIE HWY **BOCA RATON FL 33432** Zip Code City 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 \_\_\_\_\_\_ Change | TITLE Delete TITLE NAME KLEIN NAME STREET ADDRESS 21905 LAKE FOREST CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Delete TITLE ☐ Change Addition TITLE NAME UPDEGRAVE, JOHN STREET ADDRESS 21894 LAKE FOREST CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL** Delete Change Addition TITLE TS NAME BRUNELLE, MERYL STREET ADDRESS STREET ADDRESS 21902 LAKE FOREST CIRCLE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Change Addition TITLE ☐ Delete TITLE

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

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

KLEIN, MICHAEL

WATSON, LINDA

**BOCA RATON FL** 

**BOCA RATON FL 33433** 

21905 LAKE FOREST CIRCLE - #101

changed, or on an attachment with an address; with all other like

21902 LAKE FOREST CIR #102

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Delete

1/12/00

Daytime Phone #

☐ Change

☐ Change

☐ Addition

☐ Additior