

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90042 014 \*\*\*\*70.00

**DOCUMENT # N94000001191**

1. Entity Name

**THE SHORES AT BOCA RATON HOMEOWNERS' ASSOCIATION**

Principal Place of Business

Mailing Address

5295 TOWN CENTER RD  
 200  
 BOCA RATON FL 33486  
 US

5295 TOWN CENTER RD  
 200  
 BOCA RATON FL 33486-1080  
 US

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

**65-0536881**

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

**ISAACSON, WILLIAM K.**  
**LANG MANAGEMENT COMPANY INC.**  
**5295 TOWN CENTER RD, SUITE 200**  
**BOCA RATON FL 33486**

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:**  
**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	PD	<input checked="" type="checkbox"/> Delete
NAME	ENDELSON, KENNETH	
STREET ADDRESS	1000 CLINT MOORE DR., STE. 110	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	FINKELSTEIN, RICHARD	
STREET ADDRESS	1000 CLINT MOORE DR., STE. 110	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BORG, DEAN	
STREET ADDRESS	18471 SEA TURTLE LN	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MATHEWS-GRAY, JUDY	
STREET ADDRESS	1000 CLINT MOORE DR., STE. 110	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVINE, MURRAY	
STREET ADDRESS	11060 BLUE CORAL DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33498	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAUFMAN, NORMAN	
STREET ADDRESS	18425 OCEAN MIST DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33498	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DODSON, DAVID	
STREET ADDRESS	18729 SEA TURTLE LANE	
CITY-ST-ZIP	BOCA RATON, FL 33498	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERGMAN, PETER	
STREET ADDRESS	18437 OCEAN MIST DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33498	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOCHBERG, KAREN	
STREET ADDRESS	18609 HARBOR LIGHTWAY	
CITY-ST-ZIP	BOCA RATON, FL 33498	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**2/9/00**