

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724365

1. Entity Name

BOCA WEST MASTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

20540 CNTRY CLUB BLVD #105  
BOCA RATON FL 33434

20540 CNTRY CLUB BLVD #105  
BOCA RATON FL 33434-4207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1619611

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RAIMOND, WILLIAM  
20540 COUNTRY CLUB BLVD  
SUITE 105  
BOCA RATON FL 33434

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 P ☒ Delete  
NAME KRAMER, JERRY  
STREET ADDRESS 19657 OAKBROOK CIRCLE  
CITY-ST-ZIP BOCA RATON FL 33434

TITLE Director ☐ Change ☒ Addition  
NAME HOLLANDER, CYNTHIA  
STREET ADDRESS 19647 Oakbrook Circle  
CITY-ST-ZIP Boca Raton, FL 33434

TITLE D ☐ Delete  
NAME DAVIDSON, IRWIN  
STREET ADDRESS 19604 PLANTERS PT DR  
CITY-ST-ZIP BOCA RATON FL

TITLE Vice President/Exec.Dir. ☐ Change ☒ Addition  
NAME William Raimond  
STREET ADDRESS 20540 Country Club Blvd., #105  
CITY-ST-ZIP Boca Raton, FL 33434

TITLE D ☐ Delete  
NAME POTOFF, ARTHUR  
STREET ADDRESS 19885B PLANTERS BLVD  
CITY-ST-ZIP BOCA RATON FL

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

TITLE D ☐ Delete  
NAME FISHMAN, RICHARD  
STREET ADDRESS 19680 SAWGRASS DR #3202  
CITY-ST-ZIP BOCA RATON FL

TITLE Assistant Secretary ☐ Change ☒ Addition  
NAME PAMER, MARILYN  
STREET ADDRESS 20540 Country Club Blvd., #105  
CITY-ST-ZIP Boca Raton, FL 33434

TITLE D ☐ Delete  
NAME NEWMAN, MELVIN  
STREET ADDRESS 20108 WATERS EDGE DR #603  
CITY-ST-ZIP BOCA RATON FL

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

TITLE SD ☐ Delete  
NAME CAPLAN, SONIA  
STREET ADDRESS 7446 BONDSBERRY CT  
CITY-ST-ZIP BOCA RATON FL 33434

TITLE President ☒ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/00

Date

561-488-1598

Daytime Phone #

CR2E037 (9/99)