

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19838

1. Entity Name

BOCA GOLF AND TENNIS TOWNHOMES HOMEOWNERS ASSOCI

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90046 046 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O CAMPBELL PROP. MGM'T AND REAL ESTATE  
1215 E. HILLSBORO BLVD.  
DEERFIELD BEACH FL 33441

C/O CAMPBELL PROP. MGM'T AND REAL ESTATE  
1215 E. HILLSBORO BLVD.  
DEERFIELD BEACH FL 33441-4203

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2795995

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

CAMPBELL PROP. MGM'T & REAL ESTATE INC.  
1215 E. HILLSBORO BLVD.  
DEERFIELD BEACH FL 33441

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 **D** ☐ Delete  
NAME **STARKE, BARRY**  
STREET ADDRESS **17094 BOCA CLUB BLVD #3**  
CITY-ST-ZIP **BOCA RATON FL 33487**

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

TITLE **P** ☐ Delete  
NAME **KIGAR, DOUGLAS**  
STREET ADDRESS **17052 BOCA CLUB BLVD. #6**  
CITY-ST-ZIP **BOCA RATON FL 33487**

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

TITLE **S** ☐ Delete  
NAME **COWIT, JACKIE**  
STREET ADDRESS **17058 BOCA CLUB BLVD. #6**  
CITY-ST-ZIP **BOCA RATON FL 33487**

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

TITLE **TD** ☐ Delete  
NAME **ALTANA, WALTER**  
STREET ADDRESS **17052 BOCA CLUB BLVD #2**  
CITY-ST-ZIP **BOCA RATON FL**

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

TITLE **B** ☒ Delete  
NAME **LIPPMAN, ELAINE**  
STREET ADDRESS **17058 BOCA CLUB BLVD. #3**  
CITY-ST-ZIP **BOCA RATON FL 33487**

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

TITLE **Levee Harris** ☐ Delete  
NAME **17058 Boca Club Blvd #5**  
STREET ADDRESS **Boca Raton, FL 33487**

TITLE **D** ☐ Change ☒ Addition  
NAME **LEVÉE, HARRIS**  
STREET ADDRESS **17058 BOCA CLUB BLVD #5**  
CITY-ST-ZIP **BOCA RATON, FL 33487**

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 OF REGISTERED AGENT*  
*Signature of Registered Agent*  
*Pres 3/27/00*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #