

## 2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # N02989

1. Entity Name

ESPLANADA AT BOCA POINTE HOMEOWNERS' ASSOCIATION

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90070 045 \*\*\*\*61.25

Principal Place of Business      Mailing Address

% PRIME MANAGEMENT GROUP, INC.  
 1061 S. ROGERS CIRCLE  
 BOCA RATON FL 33487  
 US

1215 E. HILLSBORO BLVD.  
 DEERFIELD BEACH FL 33441-4203  
 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      Applied For

59-2646234      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

CAMPBELL PROPERTY MANAGEMENT, 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LEEDS, GERALD<br>22549 ESPLANADA DR<br>BOCA RATON FL 33433<br><i>Resigned 4/3/2000</i> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>LIONEL SOCOLOV<br>22585 ESPLANADA DR<br>BOCA RATON, FL 33433<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>DROGIN, ELY<br>22632 ESPLANADA CIR<br>BOCA RATON FL 33433<br><input type="checkbox"/> Delete                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P<br>LEE MORBAN<br>22670 ESPLANADA DR<br>BOCA RATON, FL 33433<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>DRAKE, MILTON<br>22565 ESPLANADA DR<br>BOCA RATON FL 33433<br><input type="checkbox"/> Delete                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>RALPH SCINICARIELLO<br>22524 ESPLANADA DR<br>BOCA RATON, FL 33433<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>LEVINE, IRV<br>22847 ESPLANADA CIR.<br>BOCA RATON FL 33433<br><input type="checkbox"/> Delete                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>POMEROY, GEORGE<br>22589 ESPLANADA CIR.<br>BOCA RATON FL 33433<br><input checked="" type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>RIECHENTHAL, HAL<br>22672 ESPLANADA CIR.<br>BOCA RATON FL 33433<br><input checked="" type="checkbox"/> Delete                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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 lists empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)