

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**  
 04-04-2001 90124 039 \*\*\*\*61.25

**DOCUMENT #** **N04415** ✓

1. Entity Name

**BOCA FONTANA HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

6300 PARK OF COMMERCE BLVD  
 BOCA RATON FL 33487  
 US

6300 PARK OF COMMERCE BLVD  
 BOCA RATON FL 33487  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

59-2475800

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

PRIME MANAGEMENT GROUP  
 6300 PARK OF COMMERCE BLVD  
 BOCA RATON FL 33487

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:**  
**FEES \$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 ☐ Delete  
 NAME PD  
 STREET ADDRESS MCGILL, ALAN  
 CITY-ST-ZIP 9966 MAJORCA PLACE  
 BOCA RATON

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

TITLE ☐ Delete  
 NAME VP  
 STREET ADDRESS SMITH, STEVE  
 CITY-ST-ZIP 9960 MAJORCA PLACE  
 BOCA RATON

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

TITLE ☐ Delete  
 NAME ST  
 STREET ADDRESS RICHARD DAVIS  
 CITY-ST-ZIP 9846 TRITON COURT  
 BOCA RATON

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

TITLE ☐ Delete  
 NAME ST  
 STREET ADDRESS PRESTON MCDONALD  
 CITY-ST-ZIP 9972 MAJORCA PLACE  
 BOCA RATON

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

TITLE ☐ Delete  
 NAME D.  
 STREET ADDRESS STUART DIMBERT  
 CITY-ST-ZIP 9907 MAJORCA PLACE  
 BOCA RATON

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

TITLE ☐ Delete  
 NAME D.  
 STREET ADDRESS LOUIS MAZZARELLA  
 CITY-ST-ZIP 19848 VILLA MEDICI  
 BOCA RATON

TITLE ☐ 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

Date

Daytime Phone #

CR2E037 (9/99)