

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14844

1. Entity Name

WATER OAK PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

C/O LANG MANAGEMENT CO. INC
5205 TOWN CENTER RD #200
BOCA RATON FL 33486-1088

Mailing Address

C/O LANG MANAGEMENT CO. INC
5205 TOWN CENTER RD #200
BOCA RATON FL 33486-1088

2. Principal Place of Business

21045 Commercial TR
Suite, Apt. #, etc.

3. Mailing Address

21045 Commercial TR
Suite, Apt. #, etc.

City & State

Boca Raton FL
Zip 33486 Country US

City & State

Boca Raton FL
Zip 33486 Country US

4. FEI Number

65-0016575

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANG MANAGEMENT CO., INC
5205 TOWN CENTER RD #200
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

21045 Commercial TRAIL

City

Boca Raton

FL

Zip Code

33486

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]
Signature, typed or printed name of registered agent and title if applicable.

Kevin M Carroll

2/20/01

(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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DOMAGALA, JEAN	
STREET ADDRESS	2199 NW 59 ST	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ROTH, HELEN	
STREET ADDRESS	5800 NW 23RD AVE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PARISI, CATHY	
STREET ADDRESS	2197 NW 59TH ST	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOOKMAN, PHILLIP H	
STREET ADDRESS	2301 N.W. 59 STREET	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PLOSHNICK, JOAN	
STREET ADDRESS	5730 NW 22 AVE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marc Hopin	
STREET ADDRESS	2196 NW 59 ST	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELEN ROTH	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cathy Parisi	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Phillip Bookman	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN DOMAGALA	
STREET ADDRESS	2199 NW 59 ST	
CITY-ST-ZIP	BOCA RATON FL 33496	
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 05, 2001 8:00 am
Secretary of State

02-27-2001 90325 019 ****70.00



DO NOT WRITE IN THIS SPACE

3/28/01 1-561-241-0390