

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N 25130**

1. Entity Name
BOCA PARK CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90117 017 *****61.25

Principal Place of Business Mailing Address
Old Court Road 615 Emerald Way East
Boca Raton, Fl. 33433 Deerfield Beach, Fl. 33442

C0053033

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number **65-0219520** Applied For Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
FELDMAN, MICHAEL
FELDMAN & FELDMAN
500 N.E. Spanish River Rd. Suite 16
Boca Raton, Fl. 33431

7. Name and Address of New Registered Agent
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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP
PD SOLOMON, JANE 6037 Old Court Rd. #903 Boca Raton, Fl. 33433
VS KINCHLA, KRISTI 6021 Old Court Rd. #1108 Boca Raton, Fl. 33433
TD BRICKMAN, KATHLEEN 6029 Old Court Rd. #1007 Boca Raton, Fl. 33433

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ 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 like empowered.

SIGNATURE: **Jane Solomon President** **4.15-01 561-330-8860**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JANE SOLOMON, President** Date Daytime Phone #

CR2E037 (11/00)