2001 UNIFORM BUSINESS REPORT (UBR)

May 02, 2001 8:00 am E Secretary of State **DOCUMENT # 736245** 1. Entity Name 05-02-2001 90071 037 ****61.25 THE HORIZONS OF BOCA LAGO CONDOMINIUM ASSOCIATIO Principal Place of Business Mailing Address 9039 VISTA DEL LAGO 9039 VISTA DEL LAGO B0043914 BOCA RATON FL 33428-3149 **BOCA RATON FL 33428** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1709661 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HOLDEN, RICHARD C/O BOCA LAGO MANAGEMENT 9039 VISTA DEL LAGO Zip Code **BOCA RATON FL 33428** FL 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 9. Election Campaign Financing FILE NOW: Make Check Payable to **\$5.00** May Be П Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition TITLE ☐ Delete TITLE Change HOLDEN, RICHARD NAME NAME STREET ADDRESS 21866 CYPRESS CIRCLE, #31-A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Delete ☐ Addition TITLE SD TITLE ☐ Change NAME DELAFUENTE, JUDY NAME STREET ADDRESS STREET ADDRESS 21785 CYPRESS DR, #46-A CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** TITLE ☐ Delete TITLE □ Change ■ Addition NAME ALPERT, LAWRENCE NAME STREET ADDRESS STREET ADDRESS 21972 CYPRESS DR #42B CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL** TITLE Delete TITLE ☐ Change ☐ Addition NAME GERSTEIN, IRVING NAME STREET ADDRESS 8334 CYPRESS LN #1D STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL** TITLE TITLE ☐ Delete ☐ Addition PLUSH, ALVIN NAME NAME STREET ADDRESS STREET ADDRESS 8356 CYPRESS LN, #3A CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL TITLE Delete TITI F ☐ Change Addition NAME WILENS, MELVIN NAME WARSHAVSKY, SANFORD STREET ADDRESS STREET ADDRESS 1866 CYPRESS CIRCLE 21892 CYPRESS CIRCLE, #34-B CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, **BOCA RATON FL**

12. I hereby certify that the information supplied with this filling 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 supplier ental 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 of 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECT

CHAPTO NOL

4/26/01 483-4

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