2001 UNIFORM BUSINESS REPORT (UBR)

06-22-2001 90214 001 ****61.25
06-22-2001 90214 002 ***236.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
769677

01 JUN 28 AM 11:08

DOCUMENT # 769677

1. Entity Name
BOCA ISLE CONDOMINIUM ASSOCIATION

Principal Place of Business / Mailing Address
BOCA ISLE CONDOMINIUM ASSOCIATION
C/O CPR PROPERTY MANAGEMENT INC.
PO BOX 8124
CORAL SPRINGS, FL. 33075

75291
REINSTATEMENT 00-01
DO NOT WRITE IN THIS SPACE

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 59 2390458 ☐ Applied For ☐ 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
JANET ROMANO 1102 BEN FRANKLIN DR. #314 SARASOTA, FL. 34236	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 Janet Romano JANET ROMANO 4/24/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MAY, JANICE 111 PASSAIC AVE. NUTLEY, NJ 07110 VPD ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	THOMAS, SHAUNNE 55 TROPIC ISLE DR. PD DELRAY BEACH, FL. 33483 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FENNELL, DOROTHY 105 TROPIC ISLE DELRAY BEACH, FL. 33483 TD ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BARRY, JENNIFER 3220 FREDRICK BLVD TD DELRAY BEACH, FL. 33483 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MILAZZO, PAUL 105 TROPIC ISLE DELRAY BEACH, FL. 33483 PD ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LETTERI, TAMAH 105 TROPIC ISLE DR VP DELRAY BEACH, FL. 33483 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CRONIN, ROBERT 105 TROPIC ISLE DR. D DELRAY BEACH, FL. 33483 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HROCH, VENESSA 3220 FREDRICK BLVD. SD DELRAY BEACH, FL. 33483 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/00)

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: SHAUNNE THOMAS 4/24/01 561-274-3654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #