

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769677

1. Entity Name

BOCA ISLE CONDOMINIUM ASSOCIATION, INC.

FILED

Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90189 045 ****61.25

80079605



DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O CPR PROPERTY MANAGEMENT INC.
P.O. BOX 8124
CORAL SPRINGS FL 33075
US

Mailing Address
C/O CPR PROPERTY MANAGEMENT INC.
P.O. BOX 8124
CORAL SPRINGS FL 33075
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2390458

Applied For
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

ROMANO, JANET
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

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	PD THOMAS, SHAUNNE 55 TROPIC ISLE DR DELRAY BEACH FL 33483	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARRY, JENNIFER 3220 FREDRICK BLVD DELRAY BEACH FL 33483	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LETTERI, TAMAH 105 TROPIC ISLE DR DELRAY BEACH FL 33483	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRONIN, ROBERT 105 TROPIC ISLE DR DELRAY BEACH FL 33483	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HROCH, VANESSA 3220 FREDRICK BLVD DELRAY BEACH FL 33483	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	RALEY, GREG 3220 FREDRICK BLVD #43 DELRAY BEACH FL 33483	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. PAUL ANDERSON 3220 FREDRICK BLVD #41 DELRAY BEACH FL 33483	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Signature Required

Date

Daytime Phone #

CR2E037 (9/01)