

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91214 050 \*\*\*\*61.25

DOCUMENT # **N02989**

1. Entity Name

**ESPLANADA AT BOCA RONE**

**POINTE**



**DO NOT WRITE IN THIS SPACE**

**11005251**

2. Principal Place of Business

**1215 E HILLSBORO BLVD**

Suite, Apt. #, etc.

3. Mailing Address

**1215 E HILLSBORO BLVD**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**DEERFIELD BCH., FL**

City & State

**DEERFIELD BCH., FL**

4. FEI Number

**FL 59-2646234**

Applied For

Not Applicable

Zip

**33441**

Country

**BROWARD**

Zip

**33441**

Country

**BROWARD**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**CAMPBELL PROPERTY MGMT**

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

**1215 E HILLSBORO BLVD**

City

**DEERFIELD BCH.**

FL

Zip Code

**33441**

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**

**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD**  
NAME **LEE MORGAN**  
STREET ADDRESS **22620 ESPLANADA CIRCLE**  
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE **R**  
NAME **RALPH SPINICARIELLO**  
STREET ADDRESS **22524 ESPLANADA CIRCLE**  
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE **VP D**  
NAME **IRV LEVINE**  
STREET ADDRESS **22647 ESPLANADA CIRCLE**  
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  
NAME **HAL RICHENTHAL**  
STREET ADDRESS **22672 ESPLANADA CIRCLE**  
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  
NAME **GEORGE POMEROY**  
STREET ADDRESS **22589 ESPLANADA DR**  
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD**  
NAME **PHYLLIS LINN**  
STREET ADDRESS **22603 ESPLANADA CIRCLE**  
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T**  
NAME **SID WENER**  
STREET ADDRESS **22553 ESPLANADA DRIVE**  
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Lee Morgan**

CR2E037B (12/02)