

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001191

1. Entity Name

The Shores AT Boca Raton HOA, Inc.

Principal Place of Business

18900 Ocean Mist Dr.
Boca Raton FL 33498

Mailing Address

G.R.S. MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD., SUITE 201
LAKE WORTH, FL 33463

2. Principal Place of Business

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

US

4. FEI Number

65 0536 881

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ST-JOHN, CORE, PA.
1601 Forum Place
STE 701
West Palm Bch FL 33401

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

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

After September 12, 2001, min. will be \$236.25

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 (PD) ☐ Delete
NAME Bergman, Peter
STREET ADDRESS 18637 Ocean Mist Drive
CITY-ST-ZIP BOCA RATON, FL 33498

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 900016984159
CITY-ST-ZIP 04/25/03--01001--024 **61.25

TITLE (VPD) ☐ Delete
NAME Greene, Felice
STREET ADDRESS 18736 Ocean Mist Dr.
CITY-ST-ZIP BOCA RATON FL 33498

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE (2NVPD) ☐ Delete
NAME Cohen, Freeman
STREET ADDRESS 18548 Harbor Light Way
CITY-ST-ZIP BOCA RATON FL 33498

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE (SD) ☐ Delete
NAME Perlumetter, Lois
STREET ADDRESS 18616 Ocean Mist Dr.
CITY-ST-ZIP BOCA RATON FL 33498

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE (TD) ☐ Delete
NAME Klein, Edward
STREET ADDRESS 11448 Sea Grass Circle
CITY-ST-ZIP BOCA RATON FL 33498

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Peter H. Bergman PETER H. BERGMAN 4/9/03

FILED

03 APR 22 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)