

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90217 003 ****61.25

DOCUMENT # 736245

1. Entity Name

THE HORIZONS OF BOCA LAGO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**9039 VISTA DEL LAGO
BOCA RATON FL 33428-3149
US**

Mailing Address

**9039 VISTA DEL LAGO
BOCA RATON FL 33428
US**

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 **59-1709661**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DELAFUENTE, JUDITH
C/O BOCA LAGO MANAGEMENT
9039 VISTA DEL LAGO
BOCA RATON FL 33428**

7. Name and Address of New Registered Agent

Name **PLUSH, ALVIN**
Street Address (P.O. Box Number is Not Acceptable)
C/O Boca Lago Management Co
9039 Vista Del Lago
City **Boca Raton** FL Zip Code **33428**

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 *Alvin Plush* **ALVIN PLUSH, PRESIDENT** **4/23/03**
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HOLDEN, RICHARD	
STREET ADDRESS	21866 CYPRESS CIRCLE, #31-A	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	DELAFUENTE, JUDY	
STREET ADDRESS	21785 CYPRESS DR, #46-A	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALPERT, LAWRENCE	
STREET ADDRESS	21972 CYPRESS DR #42B	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILENS, MELVINS	
STREET ADDRESS	21892 CYPRESS CIRCLE #34B	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	TVP	<input type="checkbox"/> Delete
NAME	PLUSH, ALVIN	
STREET ADDRESS	8356 CYPRESS LN, #3A	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EISEN, HARVEY	
STREET ADDRESS	21843 CYPRESS RD #14E	
CITY-ST-ZIP	BOCA RATON FL 33433	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AVILES, MARTHA	
STREET ADDRESS	21910 CYPRESS DR #36J	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: *Alvin Plush* **ALVIN PLUSH, PRES.** **4/23/03** **54-483-4000**

CR2E037 (10/02)