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

UNIFURM BUSINESS REPURT (UBR)					FILED				
DOCUMENT # 769677  1. Entity Name BOCA ISLE CONDOMINIUM ASSOCIATION, INC.						-  AM 9:4	ĸ		
						·	•		
Principal Place of Business Mailing Address			SOO WE		SECRETARY OF STATE TALLAHASSEE, FLORIDA				
C/O CPR PROPERTY MANAGEMENT INC. P.O. BOX 8124 CORAL SPRINGS FL 33075 US		C/O CPR PROPERTY MANAGE P.O. BOX 8124 CORAL SPRINGS FL 33075 US	ement inc.					1 82811 4181	
2. Principal P	lace of Business	3. Mailing Address							
<ul><li>c/o CCM,</li><li>10034 W</li><li>Tamarac,</li></ul>	McNab Road	c/o CCM, Inc 10034 W McNab Road Tamarac, FL 33321			☐ CHECK HERE IF MAKING CHANGES				
-Gify g-state		- Tamarac, PL 33321				plied For Applicable			
Zip Country		Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name and Address of Current F	Registered Agent	<del></del>	i	7. Name and Addr	ess of New Registe			
				Name JAMES R. MILES					
ROMANO, JANET				Stree' ptable)					
1102 BEN FRANKLIN DR #314				c/o CCM, Inc 10034 W McNab Road					
SARASOTA FL 34236				Tamarac, FL 33321					
		\	City				FL Zip Code		
	named entity submits this statement for	the purpose of changing its re	gistered office or r	registere	d agent, or both, in the	ne State of Florida. I	am familiar with, a	and accept	
the obligat	ions of registered agent.	// -					. 1		
SIGNATURE  Signature, typed or printed name of registered agent and after it applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								·	
Cognition () (year or printed or registered against anymout appropriet. (1-9 to registered Again anymout required main registating)									
	-U - NOW	aign Financing		\$5.00 May Be	Make C	heck Payable 1	to		
FILE NOW: FEE \$ \$61.25  9. Election Campaign File Trust Fund Contribution					Added to Fees		partment of S		
	OFFICE OF AND DIE	FOTODS	<b>.</b>		DDITIONS/CHANGE	C TO OFFICERS AN	D DIDECTORS IN	10	
10. TITLE	OFFICERS AND DIR	Delete	11.		tley. Gre		D DIRECTORS IN	Addition	
NAME	RALEY, GREG	Li Delete	NAME		CCM, Inc	-7	L. Carrier		
STREET ADDRESS	3220 FREDERICK BLVD. #43		STREET ADDRESS	100.	34 W McNab Road			J	
CITY-ST-ZIP	DELRAY BEACH FL 33483	<u> </u>	CITY-ST-ZIP		narac, FL 33321	<u> </u>			
TITLE	D Anderson, Paul	☐ Delete	TITLE VPD		Deson, P	pro	Change	Addition	
NAME STREET ADDRESS	3220 FREDERICK BLVD. #45		NAME STREET ADDRESS		CCM, Inc )34'W McNab Road	i			
CITY-ST-ZIP	DELRAY BEACH FL 33483		CITY-ST-ZIP		narac, FL 33321	j			
TITLE	V	Delete	TITLE T'S D	KY	OCK, VE	NESSA	Change	Addition	
NAME	LETTERI, TAMAH	٠	NAME		CCM, Inc		•		
STREET ADDRESS CITY-ST-ZIP	105 TROPIC ISLE DR DELRAY BEACH FL 33483		STREET ADDRESS CITY-ST-ZIP		034 W McNab Road marac, FL 33321			}	
	SD SD	Delete	TITLE D		urphy ,C	LAIRP	☐ Change	Addition	
TITLE NAME	HROCH, VENESSA	CT Delete	NAME		o CCM, Inc	,	C cualige	Accountant	
	3220 FREDRICK BLVD		STREET ADDRESS	10	0034 W McNab Roa	d		}	
CITY-ST-ZIP	DELRAY BEACH FL 33483		CITY-ST-ZIP		amarac, FL 33321				
TITLE		☐ Delete	TITLE <b>D</b>			Trich	Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS		CCM, Inc 034 W McNab Road				
CITY-ST-ZIP			CITY-ST-ZIP		marac, FL 33321				
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME			NAME		<u>(                                    </u>	117947	216		
STREET ADDRESS			STREET ADDRESS		05/01/02-	)17847 -01087010	**61.25		
CITY-ST-ZIP			CITY-ST-ZIP		0.07.017.00				

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:

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