

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713687

1. Entity Name

BOCA ATLANTIC HOME OWNERS' ASSOCIATION, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90005 050 ****61.25

Principal Place of Business

P. O. BOX 112
BOCA RATON FL 33432
US

Mailing Address

P. O. BOX 112
BOCA RATON FL 33429-0112
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7064562

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

VINCI, THOMAS
700 S OCEAN BLVD
SUITE 1201
BOCA RATON FL 33432

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WARD, JEANNE S	
STREET ADDRESS	428 PLAZA REAL #414	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	2 ND VP	<input type="checkbox"/> Delete
NAME	BLOND, EUGENE	
STREET ADDRESS	600 S OCEAN BLVD, SUITE 304	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NEALE, PATRICIA	
STREET ADDRESS	901 EAST CAMINO REAL, #11B	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VINCI, THOMAS	
STREET ADDRESS	700 S OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dr. Thomas G. Vinci	
STREET ADDRESS	700 So. Ocean Blvd. #1201	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	1st VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeanne Ward	
STREET ADDRESS	428 Plaza Real #414	
CITY-ST-ZIP	Boca Raton FL 33432	
TITLE		<input 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		<input 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:

SIGNATURE REQUIRED THOMAS VINCI

5/10

561 3478296

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)