

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 713687**

1. Entity Name

BOCA ATLANTIC HOME OWNERS' ASSOCIATION, INC.**FILED**

02 SEP 10 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

P.O. BOX 112
BOCA RATON FL 33432
USTrain Depot
147 So. Dixie
Boca Raton, FLP.O. BOX 112
BOCA RATON FL 33432 875 E. Camino Real
US apt. 9B
Boca Raton, FL 33432

DO NOT WRITE IN THIS SPACE

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

23-7064562

Applied For

Not Applicable

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 33432Harris, Jenn
Lake House South
875 E. Camino Real #9B
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 *Jean H. Harris*

Jean Harris

9/16/02

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 FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	VINCI, THOMAS G	
STREET ADDRESS	700 S OCEAN BLVD #1201	
CITY-ST-ZIP	BOCA RATON FL 33432	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, Jenn	
STREET ADDRESS	875 E. Camino Real #9B	
CITY-ST-ZIP	Boca Raton FL 33432	

TITLE	1VP	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, JEAN	
STREET ADDRESS	E CAMINO REAL #9B	
CITY-ST-ZIP	BOCA RATON FL 33432	

TITLE	1CVD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LO CASCIO, Don	
STREET ADDRESS	1290 Spanish River Rd.	
CITY-ST-ZIP	Boca Raton FL 33432	

TITLE	SD	<input type="checkbox"/> Delete
NAME	NEALE, PATRICIA	
STREET ADDRESS	901 EAST CAMINO REAL #11B	
CITY-ST-ZIP	BOCA RATON FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WARD, JEANNE	
STREET ADDRESS	428 PLAZA REAL #414	
CITY-ST-ZIP	BOCA RATON FL 33432	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Virginia Bauer	
STREET ADDRESS	850 East Camino Real	
CITY-ST-ZIP	Boca Raton FL 33432	

TITLE	2VP	<input type="checkbox"/> Delete
NAME	LO CASCIO, DON	
STREET ADDRESS	1290 SPANISH RIVER ROAD	
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"/> Delete
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jean H. Harris
Jean H. Harris561-391-0723
Daytime Phone #

CR2E037 (9/01)