## **2000 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE;

## **FILED** Jan 26, 2000 8:00 am Secretary of State DOCUMENT # **721427** 1. Entity Name BOCA BAYOU CONDOMINIUM ASSOCIATION, INC. 01-26-2000 90029 028 \*\*\*\*61.25 Mailing Address Principal Place of Business 2 ROYAL PALM WAY 2 ROYAL PALM WAY BOCA RATON FL 33432-7861 **BOCA RATON FL 33432** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-1354735 الك عائدية Not Applie علياً Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) D'ANNA, RONALD E % MATTLIN & MCCLOSKY 2300 GLADES ROAD. SUITE 400 Zip Code **BOCA RATON FL 33431** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE ☐ Delete TITLE NAME NAME MCNEIL, PETER STREET ADDRESS STREET ADDRESS **8 ROYAL PALM WAY** CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Change □ Addition TITLE ☐ Delete TITLE LOOMIS, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 4 ROYAL PALM WAY CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33432 Change \_\_\_ Addition TITLE Delete ftTt E GIATTINE, MARILYN NAME NAME STREET ADDRESS STREET ADDRESS 19 ROYAL PALM WAY CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33432 ☐ Change Addition SD ☐ Delete TITLE NAME NAME LEVY, RITA STREET ADDRESS STREET ADDRESS **4 ROYAL PALM WAY** CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33432 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME FAUGHNAN, TOM STREET ADDRESS STREET ADDRESS 1 ROYAL PALM WAY CITY-ST-ZIP CITY-ST-ZIE BOCA RATON FL 33432 ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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