

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729569

1. Entity Name

BOCA VILLAGE ASSOCIATION, INC.

Principal Place of Business

1129 NW 13TH STREET  
BOCA RATON FL 33486

Mailing Address

1129 NW 13TH STREET  
BOCA RATON FL 33486-2227

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SCHNER, LARRY E PA  
750 S DIXIE HWY  
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

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	SD	<input checked="" type="checkbox"/> Delete
NAME	EVANS, DAVE	
STREET ADDRESS	1161 NW 13TH ST.	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHILDS, EVERETT	
STREET ADDRESS	1089 NW 13TH ST -1	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIGOCKI, TERRI	
STREET ADDRESS	1069 NW 13TH ST. 2	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STEVENS, JANET	
STREET ADDRESS	1081 NW 13TH ST. 3	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MARGOLIES, SUSAN	
STREET ADDRESS	1169 NW 13TH ST. 7	
CITY-ST-ZIP	BOCA RATON FL 33486	
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	JANET STEVENS	
STREET ADDRESS	1081 NW 13TH ST #3	
CITY-ST-ZIP	BOCA RATON, FL	
TITLE	VD J. RON CALLIGAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1069 NW 13TH ST	
STREET ADDRESS	BOCA RATON, FL 33486	
CITY-ST-ZIP		
TITLE	SD HANNAH KELLEHER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1161 NW 13TH ST #1	
STREET ADDRESS	BOCA RATON, FL 33486	
CITY-ST-ZIP		
TITLE	TD EVERETT CHILDS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1089 NW 13TH ST #1	
STREET ADDRESS	BOCA RATON, FL 33486	
CITY-ST-ZIP		
TITLE	D TERRI LIGOCKI	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1069 NW 13TH ST #2	
STREET ADDRESS	BOCA RATON, FL 33486	
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:

JANET STEVENS, PRES. REQUIRED

*Janet Stevens* 2/17/00 (561) 362-8582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 25, 2000 8:00 am  
Secretary of State

02-25-2000 90008 018 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1626325

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E037 (9/99)