

FILED
May 18, 2000 8:00 am
Secretary of State

04-03-2000 90114 045 ****70.00

DOCUMENT # 730314

1. Entity Name

BOCA TOWNE CENTRE OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

450-650 SW 2ND AVE
 BOCA RATON FL 33432

GREENLITE PROPERTY MGMT
 141 NW 20 ST
 BOCA RATON FL 33431-7966

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1572921

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BACKER LAW FIRM, PA
 136 E BOCA RATON RD
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME MURPHY, RICK
 STREET ADDRESS 550 SW 2 AVE
 CITY-ST-ZIP BOCA RATON FL 33432

TITLE Change Addition
 NAME James twiss
 STREET ADDRESS 650 2nd Ave # 156
 CITY-ST-ZIP BOCA RATON FL 33432

TITLE VD Delete
 NAME LIQNON, JERRY
 STREET ADDRESS 2600 SPANISH RIVER RD
 CITY-ST-ZIP BOCA RATON FL 33432

TITLE Change Addition
 NAME Deron Haller
 STREET ADDRESS 600 SW 2nd Ave # 134
 CITY-ST-ZIP BOCA RATON FL 33432

TITLE SD Delete
 NAME ABREU, LUCY
 STREET ADDRESS 550 SW 2 AVE
 CITY-ST-ZIP BOCA RATON FL 33432

TITLE Change Addition

TITLE TDM Delete
 NAME BARTELS, IMRO
 STREET ADDRESS 14388 SW 95 TERR
 CITY-ST-ZIP MIAMI FL 33186

TITLE Change Addition

TITLE O Delete
 NAME KANIPE, CATHERINE
 STREET ADDRESS 500 SW 2 AVE
 CITY-ST-ZIP BOCA RATON FL 33432

TITLE Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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

Date

Daytime Phone #

CR2E037 (9/99)