

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90002 018 ****61.25

DOCUMENT # 730314

1. Entity Name

BOCA TOWNE CENTRE OWNERS ASSOCIATION, INC.

Principal Place of Business

450-650 SW 2ND AVE
 BOCA RATON FL 33432

Mailing Address

GREENLITE PROPERTY MGMT
 141 NW 20 ST
 BOCA RATON FL 33431

000400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1572921

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BACKER LAW FIRM, PA
 136 E BOCA RATON RD
 BOCA RATON FL 33432

OK!

7. Name and Address of New Registered Agent

Name: **ROBERT S. MULLEN Prop. Mgr**
 Street Address (P.O. Box Number is Not Acceptable): **141 NW 20 ST F-2**
BOCA RATON FL 33431
 City: **FL** Zip Code: **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

[Signature]
 Signature, typed or printed name of registered agent and title if applicable.

ROBERT S. MULLEN
 (NOT Registered Agent signature required when reinstating)

4/23/01
 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	VD	<input type="checkbox"/> Delete
NAME	TWISS, JAMES	
STREET ADDRESS	650 2ND AVE 156	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LIGNON, JERRY	
STREET ADDRESS	2600 SPANISH RIVER RD	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ABREU, LUCY	
STREET ADDRESS	550 SW 2 AVE	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	TDM	<input checked="" type="checkbox"/> Delete
NAME	BARTELS, IMRO	
STREET ADDRESS	14388 SW 95 TERR	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HALLER, DERON	
STREET ADDRESS	600 SW 2ND DE 134	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT MILLER	
STREET ADDRESS	450 S.W. 2 ND AVE #A-204	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNIS RITCHIE	
STREET ADDRESS	650 S.W. 2 ND AVE #B-146	
CITY-ST-ZIP	BOCA RATON, FL 33432	
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 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] **4/23/01**

561-347-8665

CR2E037 (10/00)