

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90014 043 \*\*\*\*61.25

**DOCUMENT # 730766**

1. Entity Name

**BOCA LINDA NORTH ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**1241 NW 13TH ST  
 BOCA RATON FL 33486  
 US**

**2200 N. FEDERAL HWY.  
 SUITE 212  
 BOCA RATON FL 33431  
 US**

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

**59-1918423**

Applied For

Not Applicable

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

**PLAZURE, LENNIE  
 2200 N. FEDERAL HWY.  
 SUITE 212  
 BOCA RATON FL 33431**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P/D	ALEXANDER, BRENDA	1201 N.W. 13TH ST. APT. #426	BOCA RATON FL 33486	<input type="checkbox"/>
STD	BURGIO, VALERIE	1271 N.W. 13TH ST. APT. #356	BOCA RATON FL 33486	<input checked="" type="checkbox"/>
D	ROGERS, PEGGY	1301 N.W. 12TH ST. APT. #312	BOCA RATON FL 33486	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	JOHN FISHER	1201 N.W. 13TH ST. #445	BOCA RATON, FL 33486	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T/D	JIM WARREN	1291 NW 13E ST. 345	BOCA RATON, FL. 33486	<input type="checkbox"/>	<input type="checkbox"/>
STD	Pauline Kenway	1301 N.W. 12E AVE #410	BOCA RATON, FL. 33486	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:** *Diana P. [Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00

Date

561-347-1464  
 Daytime Phone #

CR2E037 (9/99)