2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2003 8:00 am Secretary of State **DOCUMENT # 738155** 1. Entity Name 04-23-2003 90246 029 ****61.25 COURTSIDE AT BOCA WEST CONDOMINIUM ASSOCIATION. Principal Place of Business Mailing Address 4350 NW 19TH AVENUE PO BOX 97-0069 SUITE C P. O. BOX 97-0069 POMPANO BEACH FL 33064 BOCA RATON FL 33497-0069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-1797531 Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PALOMBI, GARY Street Address (P.O. Box Number is Not Acceptable) 4350 NW 19 AVENUE, SUITE C POMPANO BEACH FL 33064 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. SD TITLE Delete TITLE ☐ Addition Change ROGIN, LEO NAME NAME 21664 CLUB VILLA TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIF **BOCA RATON FL** CITY-ST-ZIP ۷D DAVID HOETMAN Change MAddition 20273 BOCA West DL #2305 🙀 Delete TITLE weiss, gary NAME 20273 BOCA WEST DR. #2306 STREET ADDRESS STREET ADDRESS RAton F1 33494 CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP TITLE ☐ Delete TITLE Addition CUZZONE, CHERYL NAME NAME STREET ADDRESS 20337 BOCA WEST DR, #1802 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP TD TITLE ☐ Delete TITLE ☐ Change ☐ Addition LUNN, JON NAME NAME STREET ADDRESS 20281 BOCA WEST DR STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33434** CITY-ST-ZIP TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition □ Channe

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.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP