2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

FILED Mar 17, 2000 8:00 am Secretary of State **DOCUMENT # 747114** 1. Entity Name THE PATIOS OF BOCA BARWOOD CONDOMINIUM ASSOCIATI 03-17-2000 90049 037 ****61.25 Mailing Address Principal Place of Business 9170 SW 14TH ST. 9170 SW 14TH ST. BOCA RATON FL 33428-6831 BOCA RATON FL 33428-6801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1985177 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PAGANO, JAMES 9165 S.W. 14TH ST. **SUITE 1507** Zip Code City FL **BOCA RATON FL 33428** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Addition TITLE Dir-☐ Change ☐ Delete TITLE PAGANO, JAMES NAME NAME Bailly, Charles STREET ADDRESS 9165 SW 14TH STREET #1507 STREET ADDRESS 9170 Sw 14 St CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Boca Raton FI 33428 🔀 Addition آبد آبداele ☐ Change TITLE TITLE Dir NAME GOLD, ALEX NAME Gray, Richard STREET ADDRESS STREET ADDRESS 9260 S.W. 14TH ST., #2502 9170 SW 14 St CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33428** Boca Raton, FL 33428 ☐ Change ☐ Addition S TITLE □ Delete TITLE NAME ADLER, MARILYN NAME STREET ADDRESS STREET ADDRESS 9220 S.W. 14TH ST., #3501 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Addition TITLE Change ☐ Delete TITLE RICCI, AL NAME NAME STREET ADDRESS STREET ADDRESS 9165 SW 14TH STREET #1207 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME ADLER, NATHAN STREET ADDRESS STREET ADDRESS 9165 SW 14TH STREET #1503 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** PS Sciete ☐ Addition ☐ Change TITLE D TITLE **BLOOM, HERMAN** NAME NAME STREET ADDRESS STREET ADDRESS 9165 SW 14TH STREET # 1309 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** 12. I hereby certify that the information supplied with this filling 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

954-344-5353

2/18/00

Date

Daytime Phone #