

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751216

1. Entity Name

THE BREAKERS AT BOCA CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90021 019 \*\*\*\*61.25

Principal Place of Business

Mailing Address

155 S OCEAN BLVD  
BOCA RATON FL 33432  
US

519 COURT PLACE  
PITTSBURGH PA 15219

2. Principal Place of Business

3. Mailing Address

2458 Dafodil Street NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Canton OH

4. FEI Number

52-1453634

Applied For

Not Applicable

Zip

Country

Zip

44705

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YUSKAS, MARK  
155 S. OCEAN BLVD.  
#108  
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 P ☐ Delete  
NAME BENEDETTO, DAVID  
STREET ADDRESS 48 DORETHY RD  
CITY-ST-ZIP WEST REDDING CT

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☒ Delete  
NAME VINCENT A TUCCERI  
STREET ADDRESS 519 COURT PLACE  
CITY-ST-ZIP PGH PA

TITLE ☐ Change ☒ Addition  
NAME Secretary  
NAME Ron Figler  
STREET ADDRESS 2458 Dafodil Street NE  
CITY-ST-ZIP Canton, OH 44705

TITLE TD ☐ Delete  
NAME TURANO, RON  
STREET ADDRESS 6501 W. ROOSEVELT ROAD  
CITY-ST-ZIP BERWYN IL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SAI SCIARETTA  
STREET ADDRESS 115 MASON ST  
CITY-ST-ZIP GREENWICH CO

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME LESLIE LEHMAN  
STREET ADDRESS 155 SOUTH OCEAN BLVD UNIT 112  
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-02

(708)788-9220

Date

Daytime Phone #

CR2E037 (9/01)