

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751431

1. Entity Name

BOCA WOODS PROPERTY OWNERS' ASSOCIATION, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90021 006 ****70.00

Principal Place of Business	Mailing Address
5295 TOWN CENTER RD SUITE 200 BOCA RATON FL 33486 US	5295 TOWN CENTER RD SUITE 200 BOCA RATON FL 33486-1080 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2139511	Applied For	☐	Not Applicable	☒
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
ISAACSON, WILLIAM K 5295 TOWN CENTER RD SUITE 200 BOCA RATON FL 33486	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEUMAN, JOHN 11090 CLOVER LEAF CIR BOCA RATON FL	☒ Delete	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFMAN, GEORGE 11162 CLOVER LEAF CIR BOCA RATON FL	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEVINSON, STANLEY 11171 HIGHLAND CIRCLE BOCA RATON FL	☒ Delete	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THILEM, ARTHUR 11151 CLOVER LEAF CIR BOCA RATON FL	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STOCK, MURRAY 21358 GREEN HILL LN BOCA RATON FL	☒ Delete	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GLASOFER, MORTIMER 11344 CLOVERLEAF CIRCLE BOCA RATON, FL 33428	☐ Delete	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHERNICOFF MURRAY 11259 CLOVERLEAF CIRCLE BOCA RATON, FL 33428	☐ Delete	☐ Change ☒ Addition

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 REQUIRED

SIDNEY LEOPOLD

2/9/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)