2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State
01-30-2001 90133 024 ****70.00

DOCUMENT # 751431

1. Entity Name

BOCA WOODS PROPERTY OWNERS' ASSOCIATION, INC.

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 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
21045 COMMERCIAL TRAIL	21045 COMMERCIAL TRAIL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33486 Country: USA	Zip: 33486 Country: USA

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 21045 COMMERCIAL TRAIL 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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STOCK, MURRAY 21358 GREEN HILL LANE BOCA RATON FL 33428	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOFFMAN, GEORGE 11162 CLOVER LEAF CIR BOCA RATON FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition D JUDY EPPY 11356 BOCA WOODS LANE BOCA RATON, FL 33428
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LEOPOLD, SIDNEY 10176 SUNSET BEND DR BOCA RATON FL 33428	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD THILEM, ARTHUR 11151 CLOVER LEAF CIR BOCA RATON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GLASOFER, MORTIMER 11344 CLOVERLEAF CIRCLE BOCA RATON FL 33428	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHERNICOFF, MURRAY 11259 CLOVERLEAF CIRCLE BOCA RATON FL 33428	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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 TREASURER 1/18/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #