2000 UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2000 8:00 am Secretary of State **DOCUMENT # 754223** 1. Entity Name THE HOMES OF BOCA BARWOOD HOMEOWNERS ASSOCIATION 04-11-2000 90170 010 ****61.25 Mailing Address Principal Place of Business 1215 E. HILLSBORO BLVD. 1215 E. HILLSBORO BLVD. DEERFIELD BCH FL 33441-4203 DEERFIELD BCH FL 33441 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State NOT APPLICABLE Not Applicable Zip Country \$8.75 Additional Zip Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CAMPBELL, WILLIAM III 1215 E HILLSBORO BLVD. DEERFIELD BCH FL 33441 City Zin 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 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 Pavable to FILE NOW: \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS . 10. 11. (66/6)☐ Change Addition Delete TITLE NAME SECAUL: ED MAME STREET ADDRESS STREET ADDRESS 22132-SW-58RB-AVE:-CITY-ST-ZIP CITY-ST-ZIP BOCA RATON PL ☐ Change PD ☐ Delete TITLE Addition TITLE NAME KLAGER, LIZABETH NAME STREET ADDRESS STREET ADDRESS 8795 SW 16TH ST CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Delete TITLE □ Change ☐ Addition TITLE NAME HATCHER, ANN MARIE NAME STREET ADDRESS STREET ADDRESS 22944 SW 56 AVE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** <u>VPD</u> Change ☐ Delete TITLE ☐ Addition TITLE MAGANZA, LEON MAGANZA, LEON NAME NAME 8909 SW 17TH 51 STREET ADDRESS STREET ADDRESS 8909 SW 17TH ST. BOCA RATON, FL 33433 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Delete ☐ Change ☐ Addition TITLE TITLE. NAME DURGEE, LISA NAME STREET ADDRESS STREET ADDRESS 8966 SW 16 ST CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33433** Addition ☐ Change ☐ Delete TITLE TITLE Helen MCDermott 2311 SW SORD AVE NAME NAME STREET ADDRESS STREET ADDRESS BOCA RATION, FL CITY-ST-ZIP CITY-ST-ZIP

2. 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-00 (541)482-4746
Date Daytime Phone