

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756809

1. Entity Name

BOCA CERRO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

260 NW 19TH ST.  
BOCA RATON FL 33432

Mailing Address

260 NW 19TH ST.  
BOCA RATON FL 33432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2168634

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

KRUSE, PAM  
260 NW 19TH ST #3  
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  
After September 13, 2000 min. will be \$236.25

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 PD  
NAME WISNER, ROBERT  
STREET ADDRESS 84 BUXTON LANE  
CITY-ST-ZIP LAKE WORTH FL 33462 ☐ Delete

TITLE P  
NAME WISNER, Robert ☒ Change ☐ Addition  
STREET ADDRESS 84 BUXTON LANE  
CITY-ST-ZIP BOYNTON Bch., FL 33426

TITLE DVP  
NAME WAHNER, HERMAN  
STREET ADDRESS 260 NW 19TH ST 7  
CITY-ST-ZIP BOCA RATON FL ☐ Delete

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

TITLE SD  
NAME PROSSER, JAN  
STREET ADDRESS 260 NW 19TH ST #9  
CITY-ST-ZIP BOCA RATON FL ☐ Delete

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

TITLE TD  
NAME KRUS, PAM  
STREET ADDRESS 260NW 19TH ST 3  
CITY-ST-ZIP BOCA RATON FL 33432 ☐ Delete

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

TITLE D  
NAME WISNER, BETTY  
STREET ADDRESS 6111 NW 4 AVE  
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE D  
NAME WISNER, Betty ☒ Change ☐ Addition  
STREET ADDRESS 84 BUXTON LANE  
CITY-ST-ZIP BOYNTON Bch., FL 33426

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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: *Pam Kruse* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-2000

Date

Daytime Phone #

CR2E037 (5/00)



DO NOT WRITE IN THIS SPACE