

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90420 046 ****61.25

0052157

DOCUMENT # 757539

1. Entity Name

LA RESIDENCE OF BOCA DEL MAR CONDOMINIUM ASSOCIA

Principal Place of Business

**23200 CAMINO DEL MAR
BOCA RATON FL 33433**

Mailing Address

**23200 CAMINO DEL MAR
BOCA RATON FL 33433**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2082631

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**FEDERAL PROP MGMT
ATTN: DON ESTES
7261 SAN SEBASTIAN DR
BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HELFANBEIN, BARRY	
STREET ADDRESS	23200 CAMINO DEL MAR #307	
CITY-ST-ZIP	BOCA RATON FL 33433	

TITLE	V	<input type="checkbox"/> Delete
NAME	SPENCER, JULIUS	
STREET ADDRESS	23200 CAMINO DEL MAR #708	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	VD	<input type="checkbox"/> Delete
NAME	MARCUS, HAROLD	
STREET ADDRESS	23200 CAMINO DEL MAR #308	
CITY-ST-ZIP	BOCA RATON FL 33433	

TITLE	DS	<input type="checkbox"/> Delete
NAME	MUELLER, MARTHA-ANN	
STREET ADDRESS	23200 CAMINO DEL MAR #608	
CITY-ST-ZIP	BOCA RATON FL 33433	

TITLE	DT	<input type="checkbox"/> Delete
NAME	HUCKS, RANDOLPH E	
STREET ADDRESS	23200 CAMINO DEL MAR #701	
CITY-ST-ZIP	BOCA RATON FL 33433	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

BARRY HELFANBEIN - PRESIDENT**3/5/01**

Date

Daytime Phone #

5613629729

0052157