

2000 UNIFORM BUSINESS REPORT (UBR)

0042474

DOCUMENT # 759395

1. Entity Name

BOCA COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

4513 SOUTH OCEAN BLVD., #1
HIGHLAND BEACH FL 33487

Mailing Address

4513 SOUTH OCEAN BLVD., #1
HIGHLAND BEACH FL 33487-4250

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

59-2167691

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCIORTINO, LORENZO
4513 SOUTH OCEAN BLVD., #1
HIGHLAND BEACH FL 33487

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 ☐ Delete

NAME **PD**
SCIORTINO, LORENZO
STREET ADDRESS **4513 S. OCEAN BLVD. #1**
CITY-ST-ZIP **HIGHLAND BEACH FL 33487**

TITLE ☐ Delete

NAME **VPD**
ROMANO, AUDREY
STREET ADDRESS **4513 S. OCEAN BLVD. #2**
CITY-ST-ZIP **HIGHLAND BEACH FL 33487**

TITLE ☐ Delete

NAME **SD**
SCIORTINO, ROSARIA
STREET ADDRESS **4513 S. OCEAN BLVD. #1**
CITY-ST-ZIP **HIGHLAND BEACH FL 33487**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME **900003170119--7**
STREET ADDRESS **-03/14/00--01126--028**
CITY-ST-ZIP *******61.25 *****61.25**

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

FILED
00 FEB 18 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE