

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764054

1. Entity Name

BOCA WEST HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90115 016 ****61.25

Principal Place of Business

Mailing Address

19273 SABAL LAKE DR
BOCA RATON FL 33434
US

19273 SABAL LAKE DR
BOCA RATON FL 33434-5151
US

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

59-2358938

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

PARKER, CARL
20090 BOCA WEST DRIVE
#368
BOCA RATON FL 33434

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	D	<input type="checkbox"/> Delete
NAME	SHIPKO, ROSLYN	
STREET ADDRESS	19735 BOCA WEST DRIVE #4N	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ROTHENSTEIN, ED	
STREET ADDRESS	20485 LINKSVIEW WAY	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RAY, HERB	
STREET ADDRESS	20555 LINKSVIEW WAY #49	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PARKER, CARL	
STREET ADDRESS	20090 BOCA WEST DRIVE #368	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GOLDBERG, JOANNE	
STREET ADDRESS	19490 BAYVIEW RD	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	MD	<input type="checkbox"/> Delete
NAME	FRIEDMAN, EUGENE	
STREET ADDRESS	3206 ST CHARLES PLACE	
CITY-ST-ZIP	BOCA RATON FL 33434	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roslyn Shipko	
STREET ADDRESS	19735 Boca West Drive #4144	
CITY-ST-ZIP	Boca Raton FL 33434	
TITLE	Lee D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lewis Allen	
STREET ADDRESS	20220 Boca West Drive #204B	
CITY-ST-ZIP	Boca Raton FL 33434	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerome Hafter	
STREET ADDRESS	1733 Bridgewood Drive	
CITY-ST-ZIP	Boca Raton FL 33434	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lee Slater	
STREET ADDRESS	19930 Sawgrass Court #5402	
CITY-ST-ZIP	Boca Raton FL 33434	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eugene Friedman	
STREET ADDRESS	3205 St. Charles Place	
CITY-ST-ZIP	Boca Raton FL 33434	

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)