

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 27, 2001 08:00 AM****Secretary of State****DOCUMENT # 764054**1. Entity Name
BOCA WEST HOMEOWNERS ASSOCIATION, INC.Principal Place of Business
19273 SABAL LAKE DR
BOCA RATON FL 33434 US
Mailing Address
19273 SABAL LAKE DR
BOCA RATON FL 33434 US2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2358938Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
SLATER LEE
Street Address (P.O. Box Number is Not Acceptable)
19930 SAWGRASS COURT
#5402
City BOCA RATON FL Zip Code 33434

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 **LEE SLATER****02/27/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	V	<input type="checkbox"/> Delete
NAME	FRIEDMAN EUGENE	
STREET ADDRESS	3205 ST.CHARLES PL	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLATER LEE	
STREET ADDRESS	19930 SAWGRASS CT # 5402	
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	D	<input type="checkbox"/> Delete
NAME	HAFTER JEROME	
STREET ADDRESS	1733 BRIDGEWOOD DR	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN LEWIS	
STREET ADDRESS	20220 BOCA W DR # 204B	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHIPKO ROSLYN	
STREET ADDRESS	19735 BOCA WEST DRIVE #4N	
CITY-ST-ZIP	BOCA RATON FL 33434	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAXTON LYNN	
STREET ADDRESS	19443 WATERS CURVE WAY #802	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLATER LEE	
STREET ADDRESS	19930 SAWGRASS CT # 5402	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRODY JAMES	
STREET ADDRESS	20070 SAWGRASS LANE #4601	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAVETTE LEWIS	
STREET ADDRESS	19630 SAWGRASS CIRCLE #2901	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN LEWIS	
STREET ADDRESS	20220 BOCA W DR # 204B	
CITY-ST-ZIP	BOCA RATON FL 33434	
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)(f), 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: LEE SLATER

P

02/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)