

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765998

1. Entity Name

BOCA DELRAY ASSOCIATION, INC.

Principal Place of Business

5483 BOCA DELRAY BLVD.  
DELRAY BCH. FL 33484

Mailing Address

5483 BOCA DELRAY BLVD.  
DELRAY BCH. FL 33484-8324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

GELFAND, MICHAEL  
ONE CLEARLAKE CENTRE, SUITE 1010  
250 S AUSTRALIAN AVENUE  
WEST PALM BEACH FL 33401

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	FRISHMAN, HERBERT	5483 BOCA DELRAY BLVD	DELRAY BCH. FL	<input type="checkbox"/>
P	YASINKSI, DOROTHY	5483 BOCA DELRAY BLVD	DELRAY BCH. FL	<input type="checkbox"/>
V	WAGNER, IRENE	5483 BOCA DELRAY BOULEVARD	DELRAY BCH. FL	<input type="checkbox"/>
S	SPALLONE, SALLY	5483 BOCA DELRAY BLVD.	DELRAY BCH. FL	<input type="checkbox"/>
T	SHATANOF, FLORENCE	5483 BOCA DELRAY BLVD	DELRAY BCH. FL	<input type="checkbox"/>
D	ROSENFELD, SIDNEY	5483 BOCA DELRAY BLVD	DELRAY BCH. FL	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D	BROWN, KEN	5483 BOCA DELRAY BLVD	DELRAY BCH. FL 33484	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Date

Daytime Phone #