

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90718 016 ****61.25

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**

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 **59-2242102**

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

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GINSBERG, LESTER 5483 BOCA DELRAY BLVD. DELRAY BEACH FL 33484	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCH, SEYMOUR 5483 BOCA DELRAY BLVD. DELRAY BEACH FL 33484	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SILVERSTEIN, JACK 5483 BOCA DELRAY BLVD. DELRAY BEACH FL 33484	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPALLONE, SALLY 5483 BOCA DELRAY BLVD. DELRAY BCH. FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP SHATANOF, FLORENCE 5483 BOCA DELRAY BLVD DELRAY BCH. FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, KEN 5483 BOCA DELRAY BLVD DELRAY BEACH FL 33484	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Simon Fier 5483 Boca Delray Blvd. Delray Beach, FL. 33484	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Irene Wagner 5483 Boca Delray Blvd. Delray Beach, FL. 33484	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Sally Spallone 5483 Boca Delray Blvd. Delray Beach, FL. 33484	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Treasurer Richard Reardon 5483 Boca Delray Blvd. Delray Beach, FL. 33484	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

Sally Spallone **Secretary**

CR2E037 (10/02)