

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

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

0081824

01-17-2003 90109 005 \*\*\*\*61.25

**DOCUMENT # 765999**

1. Entity Name  
**BOCA DELRAY I CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**5483 BOCA DELRAY BLVD.  
DELRAY BEACH FL 33484**

Mailing Address  
**5483 BOCA DELRAY BLVD.  
DELRAY BEACH FL 33484**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-4242100**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**COHEN, EDWARD  
5087 OAKHILL #325  
DELRAY BEACH FL 33484**

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. 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	VPD	<input type="checkbox"/> Delete
NAME	REITZES, BENJAMIN	
STREET ADDRESS	5055 OAK HILL LAND #221	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PERETZMAN, ELSIE	
STREET ADDRESS	5087 OAK HILL LN 313	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COHEN, EDWARD	
STREET ADDRESS	5087 OAKHILL LN #325	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PROSTOK, MAX	
STREET ADDRESS	5087 OAKHILL LN #316	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRSCHNER, MILDRED	
STREET ADDRESS	5087 OAK HILL LANE #314	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TAMKIN, JOY	
STREET ADDRESS	5121 OAK HILL LN 423	
CITY-ST-ZIP	DELRAY BCH FL 33484	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (10/02)

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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/2003 405-5513