

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768210

1. Entity Name

BOCA RIDGE PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

9275 KETAY CIRCLE
BOCA RATON FL 33428
US

Mailing Address

9275 KETAY CIRCLE
BOCA RATON FL 33428
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

59-2499544

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

ESTEBANEZ, ERIC

75 NE 6TH AVE

#202

DELRAY BEACH FL 33483

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MAHONEY, WILLIAM 9270 KETAY CIRCLE BOCA RATON FL 33428	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAU, MATTHEW DR. 9326 KETAY CIRCLE BOCA RATON FL 33428	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CORTINA, LILLIAN 9320 KETAY CIRCLE BOCA RATON FL 33428	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TEMPEST, CLYDE 9313 KETAY CIRCLE BOCA RATON FL 33428	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAUNDERS, ELSIE 9282 KETAY CIRCLE BOCA RATON FL 33428	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAHONEY, BILL 9270 KETAY CIRCLE BOCA RATON FL 33428	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES ROTHGARY 9350 KETAY CIRCLE BOCA RATON FL 33428	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

WILLIAM T. MAHONEY PRES.

William T. Mahoney 561-477-8844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90607 035 ****61.25



DO NOT WRITE IN THIS SPACE