

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90007 006 ****61.25

DOCUMENT # 768210

1. Entity Name

BOCA RIDGE PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**KETAY CIRCLE
 A RATON FL 33428**

**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

4. FEI Number

59-2499544

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **MAHONEY, WILLIAM**
 CITY-ST-ZIP **9270 KETAY CIRCLE
 BOCA RATON FL 33428**

TITLE ☐ Change ☒ Addition
 NAME **S**
 STREET ADDRESS **LISA M. DE SIMONE**
 CITY-ST-ZIP **9274 KETAY CIRCLE
 BOCA RATON, FL 33428**

TITLE ☒ Delete
 NAME **VP**
 STREET ADDRESS **RAU, MATTHEW DR.**
 CITY-ST-ZIP **9326 KETAY CIRCLE
 BOCA RATON FL 33428**

TITLE ☐ Change ☒ Addition
 NAME **DAVID DESSELT**
 STREET ADDRESS **9300 KETAY CIRCLE**
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **CORTINA, LILLIAN**
 CITY-ST-ZIP **9320 KETAY CIRCLE
 BOCA RATON FL 33428**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **S**
 STREET ADDRESS **TEMPEST, CLYDE**
 CITY-ST-ZIP **9313 KETAY CIRCLE
 BOCA RATON FL 33428**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ROTHGARY, JAMES**
 CITY-ST-ZIP **9350 KETAY CIR
 BOCA RATON FL 33428**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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 Mahoney** **WILLIAM T. MAHONEY** 1/20/02 561-477-8844
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)