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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769531

1. Corporation Name

BOCAIRE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

%HAWK-EYE MANAGEMENT
3901 N. FEDERAL HWY. SUITE 202
BOCA RATON FL 33431

Mailing Address

%HAWK-EYE MANAGEMENT
3901 N. FEDERAL HWY. SUITE 202
BOCA RATON FL 33431



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

07/25/1983

4. FEI Number

59-2324048

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PATTI, PAUL N
HAWK-EYE MANAGEMENT, INC.
3901 N. FEDERAL HWY. SUITE 202
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANLEY, KAYE	1.2 NAME	Portnoy, Elaine
STREET ADDRESS	4244 BOCAIRE BLVD	1.3 STREET ADDRESS	4879 Bocaire Blvd.
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Boca Raton, FL 33487
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAFEL, HAROLD	2.2 NAME	Gene Kleinwaks, Gene
STREET ADDRESS	4316 BOCAIRE BLVD.	2.3 STREET ADDRESS	4531 Bocaire Blvd.
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Boca Raton, FL 33487
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PROTNOY, ELAINE	3.2 NAME	Kashden, Judith
STREET ADDRESS	4879 BOCAIRE BLVD	3.3 STREET ADDRESS	4108 Bocaire Blvd.
CITY-ST-ZIP	BOCA RATON FL 33487	3.4 CITY-ST-ZIP	Boca Raton, FL 33487
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SLOANE, WALTER	4.2 NAME	Smith, Mort
STREET ADDRESS	4156 BOCAIRE BLVD	4.3 STREET ADDRESS	17570 Bocaire Way
CITY-ST-ZIP	BOCA RATON FL 33487	4.4 CITY-ST-ZIP	Boca Raton, FL 33487
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUHN, LAWRENCE	5.2 NAME	
STREET ADDRESS	4872 BOCAIRE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	5.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERL, KURT	6.2 NAME	
STREET ADDRESS	4284 BOCAIRE BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required

Date

Daytime Phone #

CR2E037 (11/98)