

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769531

1. Entity Name

BOCAIRE HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90041 016 ****61.25

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 33431-4509

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2324048

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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.

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

TITLE	VPD	<input type="checkbox"/> Delete
NAME	STANLEY, KAYE	
STREET ADDRESS	4244 BOCAIRE BLVD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAFEL, HAROLD	
STREET ADDRESS	4316 BOCAIRE BLVD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PORTNAY, ELAINE	
STREET ADDRESS	4879 BOCAIRE BLVD	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SLOANE, WALTER	
STREET ADDRESS	4156 BOCAIRE BLVD	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input type="checkbox"/> Delete
NAME	KUHN, LAWRENCE	
STREET ADDRESS	4872 BOCAIRE BLVD	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MERL, KURT	
STREET ADDRESS	4284 BOCAIRE BLVD	
CITY-ST-ZIP	BOCA RATON FL 33487	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sheldon Farber	
STREET ADDRESS	4561 Bocaire Blvd.	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gene Kleinwaks	
STREET ADDRESS	4864 Bocaire Blvd	
CITY-ST-ZIP	Boca Raton FL 33487	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Morton Smith	
STREET ADDRESS	17570 Bocaire way	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Judith Kashden	
STREET ADDRESS	4108 Bocaire Blvd	
CITY-ST-ZIP	Boca Raton FL 33487	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)