

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90056 019 ****61.25

0004123

DOCUMENT # 769531

1. Entity 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

938420



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 301 W. CAMINO GARDENS BLVD
 Suite, Apt. #, etc. Suite 200

City & State
 BOCA RATON, FL

Zip
 33432

Country
 USA

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: ANDREW C. GLEN
 Street Address (P.O. Box Number is Not Acceptable): GLEN MANAGEMENT SERVICES, INC.
 301 W CAMINO GARDENS BLVD #200
 City: BOCA RATON FL Zip Code: 33432

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 checked="" type="checkbox"/> Delete
NAME	STANLEY, KAYE	
STREET ADDRESS	4244 BOCAIRE BLVD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAFEL, HAROLD	
STREET ADDRESS	4316 BOCAIRE BLVD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FARBER, SHELDON	
STREET ADDRESS	4561 BOCAIRE BLVD	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SLOANE, WALTER	
STREET ADDRESS	4156 BOCAIRE BLVD	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KUHN, LAWRENCE	
STREET ADDRESS	4872 BOCAIRE BLVD	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	PD	<input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAYE, STANLEY	
STREET ADDRESS	301 W. CAMINO GARDENS BLVD #200	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAFEL, HAROLD	
STREET ADDRESS	301 W. CAMINO GARDENS BLVD #200	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUCHHOLZ, DAVID	
STREET ADDRESS	301 W. CAMINO GARDENS BLVD #200	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUHN, LAWRENCE	
STREET ADDRESS	301 W. CAMINO GARDENS BLVD #200	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, MORTAN	
STREET ADDRESS	301 W. CAMINO GARDENS BLVD #200	
CITY-ST-ZIP	BOCA RATON, FL 33432	

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 #

CF2E037 (10/00)