

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90042 013 *****61.25

DOCUMENT # 709531 ✓
1. Entity Name
BOCAIRE HOMEOWNERS ASSOCIATION, INC

DO NOT WRITE IN THIS SPACE

427688

2. Principal Place of Business
C/O Victory Acctg Service
Suite, Apt. #, etc.
5507 Pebble Brook Lane

3. Mailing Address
C/O Victory Acctg Service
Suite, Apt. #, etc.
5507 Pebble Brook Lane

DO NOT WRITE IN THIS SPACE

City & State
Boynton Beach FL
Zip
33437 Country

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Boynton Beach, FL
Zip
33437 Country

4. FEI Number
S9-2324048
Applied For
☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Vicki Feicht
Street Address (P.O. Box Number is Not Acceptable)
5507 Pebble Brook Lane
City
Boynton Beach FL Zip Code
33437

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 Vicki Feicht DATE 2/21/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

**FEE IS \$61.25
Initial or Amended UBR**

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 NAME STREET ADDRESS CITY - ST - ZIP	P Morton Smith 17570 Bocaire Way Boca Raton, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Lawrence Kuhn 4872 Bocaire Blvd. Boca Raton, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T David Buchholz 17594 Bocaire Way Boca Raton, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Harold Rafael 4316 Bocaire Blvd Boca Raton, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Eugene Kleinwaks 4864 Bocaire Blvd. Boca Raton, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Stanley Kaye 4244 Bocaire Blvd. Boca Raton, FL 33487

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered

SIGNATURE: David Buchholz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/02
Date

Daytime Phone #

CR2E037B (12/01)