

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90663 013 \*\*\*\*61.25

**DOCUMENT # 769531**

1. Entity Name

**BOCAIRE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

**C/O VICTORY ACCOUNTING SERVICE  
5507 PEBBLE BROOK LANE  
BOYNTON BEACH FL 33437  
US**

Mailing Address

**C/O VICTORY ACCOUNTING SERVICE  
5507 PEBBLE BROOK LANE  
BOYNTON BEACH FL 33437  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**FEICHT, VICKI  
5507 PEBBLE BROOK LANE  
BOYNTON BEACH FL 33437**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SMITH, MORTON</b> <b>17570 BOCAIRE WAY</b> <b>BOCA RATON FL 33487</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>KUHN, LAWRENCE</b> <b>4872 BOCAIRE BLVD</b> <b>BOCA RATON FL 33487</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BUCHHOLZ, DAVID</b> <b>17594 BOCAIRE WAY</b> <b>BOCA RATON FL 33487</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>RAHEL, HAROLD</b> <b>4316 BOCAIRE BLVD</b> <b>BOCA RATON FL 33487</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KLEINWAKS, EUGENE</b> <b>4864 BOCAIRE BLVD</b> <b>BOCA RATON FL 33487</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KAYE, STANLEY</b> <b>4244 BOCAIRE BLVD</b> <b>BOCA RATON FL 33487</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Kuhn, Lawrence</b> <b>4872 Bocaire Blvd.</b> <b>Boca Raton, FL 33487</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Cohen, Howard</b> <b>4271 Bocaire Blvd.</b> <b>Boca Raton, FL 33487</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Litt, Donald</b> <b>4199 Bocaire Blvd.</b> <b>Boca Raton, FL 33487</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Portnoy, Elaine</b> <b>4879 Bocaire Blvd</b> <b>Boca Raton, FL 33487</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Posner, Sidney</b> <b>17547 Bocaire Way</b> <b>Boca Raton, FL 33487</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Triefler, Sidney</b> <b>4157 Bocaire Blvd.</b> <b>Boca Raton, FL 33487</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Lawrence Kuhn **REQUIRED**

3-6-03 988 1966

CR2E037 (10/02)