# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 01, 2000 8:00 am**
**Secretary of State**
02-01-2000 90054 030 ****61.25

DOCUMENT # N04415

1. Entity Name

BOCA FONTANA HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 23123 STATE ROAD 7<br>SUITE 350A<br>BOCA RATON FL 33428<br>US | P.O. BOX 970069<br>BOCA RATON FL 33497-0069<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-2475800 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

PALOMBI, GARY
23123 STATE ROAD 7, SUITE 350A
STE 350A
BOCA RATON FL 33428

**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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>DAVIS, DICK<br>9621 TRITON CT<br>BOCA RATON FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRES.<br>Rodick, Joseph<br>19967 Villa Lante Place,<br>Boca Raton, Floirda 33434 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>GROKHOWSKY, GEORGE<br>9786 MAJORCA PLACE<br>BOCA RATON FL | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIR.<br>McGill, Allen<br>9966 Majorca Place<br>Boca Raton, Floirda 33434 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PORTNOY, ARNOLD<br>19921 VILLA MEDICI PLACE<br>BOCA RATON FL | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIR.<br>Dimbert, Stuart<br>9907 Majorca Place<br>Boca Raton, Florida 33434 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SYWAK, ZOFIA<br>19944 COURT OF THE LYONS<br>BOCA RATON FL 33434 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>JOHNSON, KENNETH<br>9918 MAJORCA PLACE<br>BOCA RATON FL | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LAMPERT, MARCIE<br>9846 MAJORCA PLACE<br>BOCA RATON FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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:** SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #