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

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90159 020 ****61.25

DOCUMENT # N04415

1. Entity Name
Boca Fontana Homeowners Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Community Assoc. Ser.	c/o Community Assoc. Service
Suite, Apt. #, etc.: 951 Broken Sound Parkway	Suite, Apt. #, etc.: 951 Broken Sound Pkwy #250
City & State: Boca Raton FL	City & State: Boca Raton FL
Zip: 33487 Country: USA	Zip: 33487 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 592475800 ☐ 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: Community Association Services

Street Address (P.O. Box Number is Not Acceptable): 951 Broken Sound Parkway #250

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: _____ Joel Messinger 4-25-02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 PD NAME STREET ADDRESS CITY-ST-ZIP	Alan McGill 9966 Majorca Place Boca Raton, Fl 33434
TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP	Steve Smith 9960 Majorca Place Boca Raton, Fl 33434
TITLE STD NAME STREET ADDRESS CITY-ST-ZIP	Richard Davis 9621 Triton Ct. Boca Raton, Fl 33434
TITLE ASTD NAME STREET ADDRESS CITY-ST-ZIP	Preston McDonald 9972 Majorca Place Boca Raton, Fl 33434
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Lou Mazzarella 19848 Villa Medici Boca Raton, Fl 33434
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Stuart Dimbert 9907 Majorca Place Boca Raton, Fl 33434

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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: _____ 4-25-02 561-994-1788