

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90073 022 *****70.00

DOCUMENT # N08397

1. Entity Name

WIND KEY AT BOCA WEST PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

21045 COMMERCIAL TR
BOCA RATON FL 33486

21045 COMMERCIAL TR
BOCA RATON FL 33486

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2716248

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAM K. ISAACSON ,
21045 COMMERCIAL TR
BOCA RATON FL 33486**

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

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

6180
=70-

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	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
	VPD	BINDER, PHYLLIS	7771 WIND KEY DR BOCA RATON FL	☐					☐	☐
	P	GOLDSTEIN, SAM	7791 WINDKEY DR. BOCA RATON FL	☐					☐	☐
	D	KATZ, JULIUS	7775 WINDKEY DR. BOCA RATON FL	☐					☐	☐
	DS	MISHKIN, HOWARD	7760 WIND KEY DR. BOCA RATON FL	☐					☐	☐
	T.	STEINBERG, CHARLES	7838 WIND KEY DR BOCA RATON FL	☐					☐	☐
				☐					☐	☐
				☐					☐	☐

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

3-08-02 561-488-2064

Date

Daytime Phone #