

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09580

1. Entity Name

LA CORNICHE AT BOCA POINTE HOMEOWNERS' ASSOCIATI

Principal Place of Business

951 BROKEN SOUND PARKWAY
BOCA RATON FL 33487

Mailing Address

951 BROKEN SOUND PARKWAY
BOCA RATON FL 33487-3507

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

93-1006485

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MESSINGER, JOEL
951 BROKEN SOUND PARKWAY
SUITE 250
BOCA RATON FL 33487

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

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KERKER, LEONARD 22873 LA CORNICHE CIR BOCA RATON FL 33433	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIDSON, JIM 7755 LA CORNICHE CIR BOCA RATON FL 33433	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSEN, HARVEY 7670 LA CORNICHE CIR BOCA RATON FL 33433	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GABRIELLE, DANIEL 7778 LA CORNICHE CIR BOCA RATON FL 33433	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BENJAMIN, GLADYS 7799 LA CORNICHE CIR BOCA RATON, FL 33433	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T</i>	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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*TD
Bert Joffe
7715 La Corniche Cir
Boca Raton fl 33433*

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:

Bert Joffe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90059 043 ****61.25



DO NOT WRITE IN THIS SPACE

3/22/00

561-395-7732