

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90043 016 ****61.25

DOCUMENT # N11032

1. Entity Name

BOCA GLADES "D" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**8489 BOCA GLADES BLVD. WEST
 BOCA RATON FL 33434**

Mailing Address

**8489 BOCA GLADES BLVD. WEST
 BOCA RATON FL 33434**

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

59-2535836

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SWATT, MYRON I
 PRIME MANAGEMENT GROUP, INC.
 6300 PARK OF COMMERCE BLVD
 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

T
 EORPWOTZ, F;PREMCE
 8197D BOCA GLADES BLVD W.
 BOCA RATON FL 33433 ☐ Delete

VD
 RISUCCI, FRANK
 8681A BOCA GLADES BLVD W.
 BOCA RATON FL ☐ Delete

P
 BENINCASA, LOUIS
 8665-A BOCA GLADES BLVD W
 BOCA RATON FL ☐ Delete

S
 KORABAUM, MAURY
 8625 BOCA GLADES BLVD W
 BOCA RATON FL 33433 ☐ Delete

D
 RICHARDSON, EUGENE
 8689-A BOCA GLADES BLVD W
 BOCA RATON FL 33434 ☐ Delete

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T.D
 MEIRWITZ FLO
 8697D BOCA GLADES BLVD WEST
 BOCA RATON FL 33433 ☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 600, 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

Date

Daytime Phone #

CR2E037 (10/00)