

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90071 031 \*\*\*\*61.25

**DOCUMENT # N11829**

1. Entity Name

**BOCA REMO GOLF & TENNIS CLUB CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

301 CLUB CIRCLE  
 SUITE 100  
 BOCA RATON FL 33487

301 CLUB CIRCLE  
 SUITE 100  
 BOCA RATON FL 33487

2. Principal Place of Business

3. Mailing Address

*c/o J & L Property Mgmt Inc*  
 Suite, Apt. #, etc.  
*10191 W. Sample Rd*  
*Suite 203*

*J & L Property Mgmt Inc*  
 Suite, Apt. #, etc.  
*203 10191 W. Sample Rd*

City & State

City & State

*Coral Springs FL*

*Coral Springs FL*

Zip

Country

Zip

Country

*33065*

*United States*

*33065*

*United States*

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CALDERAZZO, JAMES**  
**C/O J & L PROPERTY MANAGEMENT**  
**10191 WEST SAMPLE ROAD**  
**CORAL SPRINGS FL 33065**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	BARETTA, SONTA	
STREET ADDRESS	301 CLUB CIRCLE, #210	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LIVINGSTON, WILMA	
STREET ADDRESS	5200 E. CLUB CIRCLE, #103	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SISTI, JAMES J	
STREET ADDRESS	301 CLUB CIR #206	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SIMKO, JOHN	
STREET ADDRESS	301 CLUB CIR #204	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BARRETTA, SANTO	
STREET ADDRESS	301 CLUB CIR #210	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GERCKE, ANNE-LISE	
STREET ADDRESS	5201 W. CLUB CIR #105	
CITY-ST-ZIP	BOCA RATON FL 33487	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

*W. James Calderazzo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Residence Phone #

CR2E037 (9/01)