

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90016 008 ****61.25

DOCUMENT # N12846

1. Entity Name

FAIRFIELD AT BOCA ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% GLEN MANAGEMENT SVCS
4301 OAK CIRCLE, #23
BOCA RATON FL 33431

% GLEN MANAGEMENT SVCS
4301 OAK CIRCLE, #23
BOCA RATON FL 33431-4258

2. Principal Place of Business

3. Mailing Address

c/o Glen Management Services

c/o Glen Management Services

Suite, Apt. #, etc.

Suite, Apt. #, etc.

301 W. CAMINO GARDENS

P.O. Box 1390

City & State

City & State

BOCA RATON, FL

BOCA RATON, FL

Zip

Zip

Country

Country

33432

USA

33409

USA

6. Name and Address of Current Registered Agent

4. FEI Number

59-2662554

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

301 W. CAMINO GARDENS BLVD

SUITE 200

City *BOCA RATON*

FL

Zip Code

33432

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

A. GLEN

1/27/99

FILE NOW:
FEES ARE \$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	D	☐ Delete
NAME	BORRELLO, VINCENT	
STREET ADDRESS	21300 LENNOX DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	☐ Delete
NAME	D'ANGELO, CARMEN	
STREET ADDRESS	21300 LENNOX DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	☐ Delete
NAME	SKOLE, JUDY	
STREET ADDRESS	21300 LENNOX DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
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CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Vincent Borrello

1/20/2000

CR2E037 (9/99)