

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90076 037 ****61.25

DOCUMENT # N15723

1. Entity Name

LAGUNA AT MISSION BAY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O COMMUNITY ASSOC. SERVICE
951 BORKEN SOUND PKWY. 250
BOCA RATON FL 33487
US

C/O COMMUNITY ASSOC. SERVICE
951 BROKEN SOUND PKWY. 250
BOCA RATON FL 33487-3506
US

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

59-2770455

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

Name

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

City

FL

Zip Code

MESSINGER, JOEL
COMMUNITY ASSOC SVCS
951 BROKEN SOUND PKWY, 250
BOCA RATON FL 33487

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	VD	☐ Delete
NAME	ROSOV, HIRAM	
STREET ADDRESS	10537 MENDOCINO LN	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	PD	☐ Delete
NAME	EDELMAN, MURRAY	
STREET ADDRESS	10660 SANTA LAGUNA DR.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	☒ Delete
NAME	BERKMAN, ALLEN	
STREET ADDRESS	10668 SANTA LAGUNA DR.	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V.P.D.	☐ Change ☒ Addition
NAME	Steven Cohen	
STREET ADDRESS	10691 Santa Laguna Dr.	
CITY-ST-ZIP	Boca Raton, FL 33428	
TITLE	SD	☐ Change ☒ Addition
NAME	Paul Frantellizzi	
STREET ADDRESS	10659 San Bernardino Way	
CITY-ST-ZIP	Boca Raton, FL 33428	
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 #

CR2E037 (9/99)