

**2000 UNIFORM BUSINESS REPORT (UBR)**

0004320

**DOCUMENT # N21009**  
 1. Entity Name  
**BOCA BAY MASTER ASSOCIATION, INC.**

**FILED**  
**00 MAR 23 PM 1:07**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

|  |  |
|--|--|
| Principal Place of Business<br>635 BOCA BAY DRIVE<br>BOCA GRANDE FL 33921-1370<br>US | Mailing Address<br>500 WATER ST<br>S/C J-160<br>JACKSONVILLE FL 32202-4423<br>US |
|--|--|



DO NOT WRITE IN THIS SPACE

|  |                     |
|--|---------------------|
| 2. Principal Place of Business<br>639 Boca Bay Drive | 3. Mailing Address  |
| Suite, Apt. #, etc.                                  | Suite, Apt. #, etc. |

|              |              |                                    |  |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number<br><b>62-1342782</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip          | Country      | Zip                                | Country  |

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BECK, S D<br>301 WEST BAY STREET<br>JACKSONVILLE FL 32202     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VSD<br>AFTOORA, PATRICIA J<br>500 WATER ST<br>JACKSONVILLE FL 32202 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>HOOD, R M<br>301 WEST BAY ST<br>JACKSONVILLE FL 32202         | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>MCKINNEY, P B<br>635 BOCA BAY DRIVE<br>BOCA GRANDE FL 33921    | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BAKER, G<br>463 BLUE TEAL DRIVE<br>BOCA GRANDE FL 33921        | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>REYNOLDS, W<br>130 HALF CLOVE COURT<br>BOCA GRANDE FL 33921    | <input checked="" type="checkbox"/> Delete |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>Stephen A. Crosby<br>301 W. Bay Street, Jacksonville, FL 32202 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 600003191946--1<br>-03/31/00--0107J--004<br>*****61.25 *****61.25    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>David Dyche<br>128 Carrick Bend Lane, Boca Grande, FL 33921     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 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:** *Patricia J. Aftoora* **REQUIRED** Patricia J. Aftoora, Vice-President 3/17/2000 904-366-4242  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)