

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90098 012 ****61.25

DOCUMENT # N21560

1. Entity Name

BROOK HAVEN OF BOCA RATON PROPERTY OWNERS ASSOCI

Principal Place of Business

Mailing Address

5680 SANTIAGO CIRCLE
 BOCA RATON FL 33433

7686 WILES ROAD
 CORAL SPRINGS FL 33067-2069



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0040417

Applied For

Not Applicable

Zip

Country

Zip

Country

33321

Broward

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

CONSOLIDATED COMMUNITY MANAGEMENT, INC.
 7686 WILES ROAD
 CORAL SPRINGS FL 33067

Name

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

City

City

10034 West McNab Road
 TAMARAC
 FL 33321

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

[Handwritten Signature]

Jim Miles

1-20-2000

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
T	RUSSELL, WILLIAM	5642 SANTIAGO CIRCLE	BOCA RATON FL 33433	<input type="checkbox"/>
P	COVENEY, ROBERT	5684 SANTIAGO CIRCLE	BOCA RATON FL 33433	<input type="checkbox"/>
S	ROSS, JIMI	5666 SANTIAGO CIRCLE	BOCA RATON FL 33433	<input type="checkbox"/>
D	GLUCANICZ, PAUL	5700 SANTIAGO CIRCLE	BOCA RATON FL 33433	<input checked="" type="checkbox"/>
D	VILLIM, ANN	5706 SANTIAGO CIRCLE	BOCA RATON FL 33433	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	President RUSSELL, WILLIAM	5642 SANTIAGO CIRCLE	BOCA RATON, FL 33433	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Vice President COVENEY, ROBERT	5684 SANTIAGO CIRCLE BOCA RATON, FL 33433	BOCA RATON, FL 33433	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Treasurer ROSS, JIMI	5666 SANTIAGO CIRCLE BOCA RATON, FL 33433	BOCA RATON, FL 33433	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Director DAYNA BENNETT	5642 SANTIAGO CIRCLE BOCA RATON, FL 33433	BOCA RATON, FL 33433	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-00

CR2E037 (9/99)