

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90342 016 \*\*\*\*61.25

**DOCUMENT # N21560**

1. Entity Name

**BRGOK HAVEN OF BOCA RATON PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

5680 SANTIAGO CIRCLE  
 BOCA RATON FL 33433

Mailing Address

10034 W MCNAB RD  
 TAMARAC FL 33321

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

65-0040417

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CONSOLIDATED COMMUNITY MANAGEMENT, INC.**  
 10034 WEST MCNAB ROAD  
 TAMARAC FL 33321

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ROSS, JIMI</b>	
STREET ADDRESS	<b>5666 SANTIAGO CR</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>COVENEY, ROBERT</b>	
STREET ADDRESS	<b>5684 SANTIAGO CR</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>FERRARO, TONY</b>	
STREET ADDRESS	<b>5682 SANTIAGO CR</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PIERCE, DAYNA</b>	
STREET ADDRESS	<b>5664 SANTIAGO CIRCLE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MIRAGLIA, AILEEN</b>	
STREET ADDRESS	<b>5646 SANTIAGO CR</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSS, JIMI</b>	
STREET ADDRESS	<b>10034 W MCNAB RD</b>	
CITY-ST-ZIP	<b>TAMARAC, FL 33321</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COVENEY, ROBERT</b>	
STREET ADDRESS	<b>10034 W MCNAB RD</b>	
CITY-ST-ZIP	<b>TAMARAC, FL 33321</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERRARO TONY</b>	
STREET ADDRESS	<b>10034 W MCNAB RD</b>	
CITY-ST-ZIP	<b>TAMARAC, FL 33321</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PIERCE, DAYNA</b>	
STREET ADDRESS	<b>10034 W MCNAB RD</b>	
CITY-ST-ZIP	<b>TAMARAC, FL 33321</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMPSON, AILEEN</b>	
STREET ADDRESS	<b>10034 W MCNAB RD</b>	
CITY-ST-ZIP	<b>TAMARAC, FL 33321</b>	
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: *Jimi Ross* **SIGNATURE REQUIRED** **J. Ross**

4/15/02

5614959933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)