2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State
04-09-2001 90025 033 ****70.00

DOCUMENT # N23329

1. Entity Name

THE COVE AT BOCA WEST CONDOMINIUM, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
5295 TOWN CENTER RD #200 BOCA RATON FL 33486 US	5295 TOWN CENTER R #200 BOCA RATON FL 33486 US
21045 Commercial Tr	21045 Commercial Tr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Boca Raton, FL	Boca Raton, FL
Zip 33486-1006 Country	Zip 33486-1006 Country

4. FEI Number 65-0026822 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ISAACSON WILLIAM K
C/O LANG MANGEMENT
~~5295 TOWN CENTER RD, STE 200~~
~~BOCA RATON FL 33486~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 21045 Commercial Trail

City Boca Raton FL Zip Code 33486

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 _____ 03-05-01

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LEWIS, ALLEN 20220 BOCA WEST DR., UNIT 204 BOCA RATON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Lewis Allen 20220 Boca West Dr., #204 Boca Raton, FL 33434
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KOHLER, SIDNEY 20220 BOCA W DRIVE, UNIT 901 BOCA RATON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Paul STITZER 20220 Boca West DR. #1001 Boca Raton, FL 33434
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHLOSSMANN, ROBERT 20220 BOCA W DRIVE, UNIT 803 BOCA RATON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Robert Schlossmann 20220 Boca West Dr. #803 Boca Raton, FL 33434
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JOSEPH, FRANK E JR 20220 BOCA WEST DR, UNIT 201 BOCA RATON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FRANK Joseph, JR 20220 Boca West Dr. #201 Boca Raton, FL 33434
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STITZER, ~~APUL~~ 20220 BOCA WEST DR., #1001 BOCA RATON FL 33434	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SIDNEY Kohler 20220 Boca West Dr. #901 Boca Raton, FL 33434
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E037 (10/00)

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 REQUIRED 2/27/01 561-487-8780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #