

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25605

1. Entity Name

BLUE CORAL COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

23123 STATE ROAD 7  
SUITE 350-A  
BOCA RATON FL 33428

Mailing Address

P.O. BOX 97-0069  
BOCA RATON FL 33497-0069

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

65-0117358

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

PALOMBI, GARY  
23123 STATE ROAD 7  
SUITE 350-A  
BOCA RATON FL 33428

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 fee 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	D	<input checked="" type="checkbox"/> Delete
NAME	GUSHNER, HARVEY	
STREET ADDRESS	17281 CORAL COVE WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELL, GEORGE	
STREET ADDRESS	17130 CORAL COVE WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	NEWMAN, GERALD	
STREET ADDRESS	17161 CORAL COVE WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DWORKIN, STEPHEN	
STREET ADDRESS	17230 CORAL COVE WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RUBIN, ALAN	
STREET ADDRESS	17231 CORAL COVE WAY	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GORENSTEIN, ED	
STREET ADDRESS	17251 CORAL COVE WAY	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 02, 2000 8:00 am  
Secretary of State

05-02-2000 90146 029 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)