

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27726

1. Entity Name

ISLES OF BOCA CONDOMINIUM, SECTION II ASSOCIATIO

Principal Place of Business

2801 N. MILITARY TRAIL
BOCA RATON FL 33431
US

Mailing Address

2801 N. MILITARY TRAIL
80
BOCA RATON FL 33431-6316
US

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

37-3097566
50-2995327

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

GRACE PROPERTY MGMNT
C/O VIVIAN DUDA
6001 SW 18TH ST
BOCA RATON FL 33431

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME NORTON, BARBARA
STREET ADDRESS 23109 AQUA VIEW
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME CANTOR, CAROL
STREET ADDRESS 23061-2 AQUAVIEW
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WARREN, PATRICIA
STREET ADDRESS 23140-2 ISLAND VIEW
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME BANVILLE, JOHN
STREET ADDRESS 23060-4 AQUA VIEW
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SETRIE, SUSAN
STREET ADDRESS 23109-5 AQUA VIEW
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☒ Change ☐ Addition
NAME DETRIE, SUSAN
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

4/13/00

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90158 001 ****61.25



DO NOT WRITE IN THIS SPACE