## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 06, 2000 8:00 am Secretary of State **DOCUMENT # N31899** 1. Entity Name TIERRA DEL REY SOUTH PROPERTY OWNERS ASSOCIATION 03-06-2000 90082 043 \*\*\*\*61.25 Principal Place of Business Mailing Address C/O BOHICA EROP C/O BOHICA PROP 3850 NW\_2ND AVE #2 3850 NW 2ND AVE #2 BOGA RATON FL 33431 **BOCA RATON FL 33431-5848** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2160282 Not Applicable Zip Country Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent : Estebanez Box Number is Not Acceptable) COLLINS, MARCIA 3850 NW 2 AVE #2 Suite 2012 **BOCA RATON FL 33431** City statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida 8. The above named entity submits# SIGNATURE DATE Signature 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. **VPD** Delete P. /D, ☐ Channe **U** ⊀ddition CR2E037 (9/99 TITLE TITLE Ronald Blum NAME FITZGERALD, JACK NAME 10108 EL Paraiso PC. STREET ADDRESS 3850 NW BOCA RATON BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Dolray Benew, FL. 33446 BOCA RATON FL Delete Addition TITLE ☐ Change TITLE TD Robert Picow NAME MCGINNIS, KATHY NAME 10392 EL Pariso Dr. STREET ADDRESS STREET ADDRESS 38501 NW BOCA RATON BLVD CITY-ST-ZIP CITY-ST-ZIP Dolray Beren, Pl. **BOCA RATON FL** ☐ **A**ddttion Delete TITLE TITLE PD KARR, GEORGE J. NAME EL Paraiso PC. STREET ADDRESS STREET ADDRESS 10179 3850 NW BOCA RATON BLVD CITY-ST-ZIP CITY-ST-ZIP <u>Boca raton fl</u> Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Daytime Phone #

AVIDIC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: .