

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41838

1. Entity Name

BOCA HIGHLAND COMMUNITY YACHT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

SUITE 106, 7280 W. PALMETTO PARK RD.  
BOCA RATON FL 33433

SUITE 106, 7280 W. PALMETTO PARK RD.  
BOCA RATON FL 33433-3423

2. Principal Place of Business

616 E. ATLANTIC AVE.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH

City & State

Zip

33483

Country

USA

Country

4. FEI Number

65-0253441

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CLAIRE, ROBERT

SUITE 106

7280 W. PALMETTO PARK RD.

BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name: MYRON S. DUNAY, P.A. ATTORNEY

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

616 E. ATLANTIC AVE.

City

DELRAY BEACH, FL

Zip Code

33483

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

MYRON S. DUNAY

1/11/2000

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 PD PRESIDENT ☐ Delete  
NAME THOMAS, GEORGE  
STREET ADDRESS 4600 S OCEAN BLVD APT 902  
CITY-ST-ZIP HIGHLAND BEACH FL 33487

TITLE VD 2ND VP ☐ Delete  
NAME SILVERMAN, ARNOLD  
STREET ADDRESS 4600 S OCEAN BLVD APT LPH  
CITY-ST-ZIP HIGHLAND BEACH FL 33487

TITLE TREAS. ☐ Delete  
NAME WOLFSON, CRAFTON  
STREET ADDRESS 4740 S OCEAN BLVD APT 402  
CITY-ST-ZIP HIGHLAND BCH FL 33487

TITLE ST VP & SECY. ☐ Delete  
NAME KAY, ROBERT  
STREET ADDRESS 4740 S OCEAN BLVD APT. EB-12  
CITY-ST-ZIP HIGHLAND BEACH, FL 33487

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition  
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:

CRAFTON WOLFSON

CRAFTON WOLFSON, TREAS. 1/11/2000 561-447-9665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)