2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2000 8:00 am
Secretary of State
04-06-2000 90016 041 ****61.25

DOCUMENT # N95000001404

1. Entity Name

THE PRESERVE AT BOCA RATON HOA, INC.

Principal Place of Business	Mailing Address
%TOLL BROTHERS, INC. 3103 PHILMONT AVE. HUNTINGDON VALLEY PA 19006	%TOLL BROTHERS, INC. 3103 PHILMONT AVE. HUNTINGDON VALLEY PA 19006-4225

DO NOT WRITE IN THIS SPACE

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 23-2842340 ☐ 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
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GROSSWALD, DANIEL 7495 W. ATLANTIC AVE. SUITE 2208 DELRAY BEACH FL 33446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition	7495 W. Atlantic Ave., Suite 220B
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD BLUM, RONALD 7495 W. ATLANTIC BLVD. SUITE 2208 DELRAY BEACHA FL 33446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition	7495 W. Atlantic Ave., Suite 220B
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LOMONACO, JOHN 7495 W. ATLANTIC BLVD. SUITE 2208 DELRAY BEACHA FL 33446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition	7495 W. Atlantic Ave., Suite 220B
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CR2E037 (9/99)

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] Ronald Blum, Vice President 3/28/00 (561) 637-8890

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