2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State
04-10-2002 90457 014 ****61.25

0039046

DOCUMENT # N95000001404

1. Entity Name

THE PRESERVE AT BOCA RATON HOA, INC.

Principal Place of Business	Mailing Address
951 BROKEN SPOND PKWY NW STE 250 BOCA RATON FL 33487-3531	951 BROKEN SPOND PKWY NW STE 250 BOCA RATON FL 33487-3531

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
951 Broken Sound Pkwy	951 Broken Sound Pkwy
Suite, Apt. #, etc.: Ste 250	Suite, Apt. #, etc.: STE 250
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
COMMUNITY ASSOCIATION SVCS., INC 951 BROKEN SOUND PARKWAY NW STE 250 BOCA RATON FL 33487-3531	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 220B DELRAY BEACH FL 33446	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Charles LUCIANO 2413 NW 49th LANE Boca Raton, Fl 33431	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD LUCIANO, CHARLES 2413 NW 49TH LANE BOCA RATON FL 33431	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Bernard Bergstein 5032 NW 24th Circle Boca Raton, Fl 33431	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LOMONACO, JOHN 7495 W. ATLANTIC AVE SUITE 220B DELRAY BEACHA FL 33446	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Robert Roman 5013 NW 24th Circle Boca Raton, Fl 33431	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Louis Adam 5021 NW 24th Circle Boca Raton, Fl 33431	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Robert D Roman SECRETARY ROBERT ROMAN 4/1/02 (561) 994-1788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #