

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *N97000000904*

1. Entity Name

Parkview Estates at Boca Homeowners Association INC.

Principal Place of Business

Community Association Svcs., Inc.
Ste. 250
951 Broken Sound Pky. NW
Boca Raton, FL 33487-3531

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

65-0820228

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

*Joel Messinger
951 Broken Sound Parkway #250
Boca Raton, FL 33487*

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 ☒ Delete
NAME *D*
STREET ADDRESS *Moscovitch, Lewis*
CITY-ST-ZIP *12534 Wiles Rd.
Coral Springs, FL 33076*

TITLE ☐ Change ☒ Addition
NAME *DP*
STREET ADDRESS *Howard Wander*
CITY-ST-ZIP *9695 Parkview Ave
Boca Raton, FL 33428*

TITLE ☒ Delete
NAME *D*
STREET ADDRESS *Perry, Craig*
CITY-ST-ZIP *12534 Wiles Rd.
Coral Springs, FL 33076*

TITLE ☐ Change ☒ Addition
NAME *DVP*
STREET ADDRESS *Jon Milanese*
CITY-ST-ZIP *21860 Cypress Palm Ct.
Boca Raton, FL 33428*

TITLE ☒ Delete
NAME *D*
STREET ADDRESS *Altman, Owen*
CITY-ST-ZIP *12534 Wiles Rd.
Coral Springs, FL*

TITLE ☐ Change ☒ Addition
NAME *DT*
STREET ADDRESS *Harry Michel*
CITY-ST-ZIP *9551 Parkview Ave.
Boca Raton, FL 33428*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

**May 01, 2000 8:00 am
Secretary of State**

05-01-2000 90001 039 ****61.25

838433

DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)