

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90172 028 \*\*\*\*61.25

**DOCUMENT # N99000002094**

1. Entity Name

**BOCA CIVIC ASSOCIATION INCORPORATED**

Principal Place of Business

1811 ENGLEWOOD RD  
 BOX 289  
 ENGLEWOOD FL 34223

Mailing Address

1811 ENGLEWOOD RD  
 BOX 289  
 ENGLEWOOD FL 34223

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

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

ISPHORDING, ROGER O  
 901 VENETIA BAY BLVD  
 SUITE 110  
 VENICE FL 34292

7. Name and Address of New Registered Agent

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

*James G. Baird* *James G. Baird Secretary/Treasurer* *1/17/01*  
 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 **PD** ☒ Delete  
 NAME **SNOWDEN, DUPONT**  
 STREET ADDRESS **11 CAYMAN ISLES BLVD**  
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **President** ☐ Change ☒ Addition  
 NAME **Dunn, Natalie**  
 STREET ADDRESS **16 Dominica Drive**  
 CITY-ST-ZIP **Englewood, FL 34223**

TITLE **VPD** ☒ Delete  
 NAME **LUMSDEN, BRENDA**  
 STREET ADDRESS **21 DOMINICA DR**  
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **Boot, Joyce** ☐ Change ☒ Addition  
 NAME **5 North Cayman Isles Blvd.**  
 STREET ADDRESS **Englewood, FL 34223**

TITLE **SD** ☐ Delete  
 NAME **CARLSON, BOB**  
 STREET ADDRESS **29 ST JOHN BLVD**  
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **Vice-President** ☒ Change ☐ Addition  
 NAME **Carlson, Bob**  
 STREET ADDRESS **29 St John Blvd.**  
 CITY-ST-ZIP **Englewood, FL 34223**

TITLE **TD** ☐ Delete  
 NAME **BAIRD, JIM**  
 STREET ADDRESS **57 CAYMAN ISLES BLVD**  
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **Secretary/Treasurer** ☒ Change ☐ Addition  
 NAME **Baird, Jim**  
 STREET ADDRESS **57 Cayman Isles Blvd.**  
 CITY-ST-ZIP **Englewood, FL 34223**

TITLE **CD** ☐ Delete  
 NAME **MULLEN, EMMA**  
 STREET ADDRESS **31 GOLF VIEW DR**  
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

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

TITLE **CD** ☒ Delete  
 NAME **ENGLER, NOEL**  
 STREET ADDRESS **41 DOMINICA DR**  
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE ☐ Change ☒ Addition  
 NAME **Sweepston, Tom**  
 STREET ADDRESS **30 Golf View Drive**  
 CITY-ST-ZIP **Englewood, FL 34223**

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:

*James G. Baird* *James G. Baird* *1/17/01* *(941) 460-9463*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)