

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90123 038 ****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

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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 **PD** ☐ Delete
 NAME **DUNN, NATALIE**
 STREET ADDRESS **16 DOMINCA DRIVE**
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

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

TITLE **VPD** ☐ Delete
 NAME **BOOT, JOYCE**
 STREET ADDRESS **5 NORTH CAYMAN ISLES BLVD.**
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **D** ☒ Change ☐ Addition
 NAME **BOOT, JOYCE**
 STREET ADDRESS **5 North Cayman Isles Blvd.**
 CITY-ST-ZIP **Englewood FL 34223**

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

TITLE **VPD** ☐ Change ☒ Addition
 NAME **Smith, Harry**
 STREET ADDRESS **25 St. John Blvd.**
 CITY-ST-ZIP **Englewood, FL 34223**

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

TITLE **STD** ☒ 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 **D** ☐ Change ☒ Addition
 NAME **Stone Bob**
 STREET ADDRESS **12 Golf View Dr.**
 CITY-ST-ZIP **Englewood, FL 34223**

TITLE **CD** ☐ Delete
 NAME **SWEPTON, TOM**
 STREET ADDRESS **30 GOLF VIEW DRIVE**
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

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:

Juanita Baird
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02 (941) 460-9463
 Date Daytime Phone #

CR2E037 (9/01)