

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91449 022 ****61.25

0056217

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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	PD DUNN, NATALIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	16 DOMINCA DRIVE	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE NAME	D BOOT, JOYCE	<input type="checkbox"/> Delete
STREET ADDRESS	5 NORTH CAYMAN ISLES BLVD	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE NAME	VD SMITH, HENRY	<input type="checkbox"/> Delete
STREET ADDRESS	25 ST JOHN BLVD	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE NAME	STD BAIRD, JIM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	57 CAYMAN ISLES BLVD	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE NAME	CD MULLEN, EMMA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	31 GOLF VIEW DR	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE NAME	CD SWEPSTON, TOM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	30 GOLF VIEW DRIVE	
CITY-ST-ZIP	ENGLEWOOD FL 34223	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD BAIRD, JIM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	57 CAYMAN ISLES BLVD.	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	STD KIRTLEY, SHARON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	24 GOLF VIEW DR	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE NAME	TD LUMSDEN, Brenda	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	21 DOMINICA DR	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE NAME	D BRADY, JAMES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	30 GRAND PALMS BLVD	
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:

Signature of Sharon Kirtley, Sec.

4/28/03 941-4609450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)