

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90014 043 ****61.25

DOCUMENT # 730766

1. Entity Name

BOCA LINDA NORTH ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1241 NW 13TH ST
 BOCA RATON FL 33486
 US**

**2200 N. FEDERAL HWY.
 SUITE 212
 BOCA RATON FL 33431
 US**

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

59-1918423

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PLAZURE, LENNIE
 2200 N. FEDERAL HWY.
 SUITE 212
 BOCA RATON FL 33431**

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 **P/D ALEXANDER, BRENDA**
 STREET ADDRESS **1201 N.W. 13TH ST. APT. #426**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE Change Addition
 NAME **D JOHN FISHER**
 STREET ADDRESS **1201 N.W. 13TH ST. # 445**
 CITY-ST-ZIP **BOCA RATON, FL 33486**

TITLE Delete
 NAME **STD BURGIO, VALERIE**
 STREET ADDRESS **1271 N.W. 13TH ST. APT. #356**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE Change Addition
 NAME **T/D JIM WARREN**
 STREET ADDRESS **1291 NW 13E ST. 345**
 CITY-ST-ZIP **BOCA RATON, FL. 33486**

TITLE Delete
 NAME **D ROGERS, PEGGY**
 STREET ADDRESS **1301 N.W. 12TH ST. APT. #312**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE Change Addition
 NAME **STD Pauline Kenway**
 STREET ADDRESS **1301 N.W. 12E AVE #410**
 CITY-ST-ZIP **BOCA RATON, FL. 33486**

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00

Date

561-347-1464

Daytime Phone #

CR2E037 (9/99)