

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

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90119 002 ****61.25

DOCUMENT # 730766 2003
1. Entity Name
Boca Linda North condo Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1271 NW 13th Street
Suite, Apt. #, etc.
Unit E 462
City & State
Boca Raton, FL
Zip
33486
Country
USA

3. Mailing Address
500 NE Spanish River Blvd.
Suite, Apt. #, etc.
Suite 18
City & State
Boca Raton, FL
Zip
33431
Country
USA


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

7. Name and Address of Current Registered Agent
Name Ernest W. Willis
Street Address (P.O. Box Number is Not Acceptable)
500 NE Spanish River Blvd.
Suite 18
City Boca Raton, FL Zip Code 33431

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  ERNEST W. WILLIS 4-7-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

FEE IS \$61.25
Initial or Amended UBR

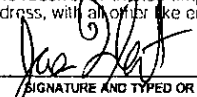
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			
TITLE	PD	TITLE	
NAME	Fleckenstein, Jason	NAME	
STREET ADDRESS	1271 NW 13th Street #E462	STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33486	CITY-ST-ZIP	
TITLE	VPD	TITLE	
NAME	Valcourt, Camil	NAME	
STREET ADDRESS	1271 NW 13th Street #E362	STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33486	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	Faulkner, Cynthia	NAME	
STREET ADDRESS	1231 NW 13th Street #F466	STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33486	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	Kruger-Robbins, Frank	NAME	
STREET ADDRESS	1201 NW 13th Street #B426	STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33486	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with authority, as empowered.

SIGNATURE:  4/9/03 PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)