

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90023 013 \*\*\*\*61.25

**DOCUMENT # 708469**

1. Entity Name

**VILLA DEL MAR OF BOCA RATON CONDOMINIUM ASSOCIAT**

Principal Place of Business

Mailing Address

2500 SOUTH OCEAN BLVD.  
 BOCA RATON FL 33432

2500 SOUTH OCEAN BLVD.  
 BOCA RATON FL 33432-8382

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1118643**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MOLLENGARDEN, PETER C.**  
**% BECKER & POLIAKOFF, P.A.**  
**500 AUSTRALIAN AVENUE SOUTH, 9TH FLOOR**  
**WEST PALM BEACH FL 33401**

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	PDT	<input checked="" type="checkbox"/> Delete
NAME	KENNEDY, JOSEPH	
STREET ADDRESS	2500 S OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	VDT	<input type="checkbox"/> Delete
NAME	WHEATON, KERN	
STREET ADDRESS	2500 S OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HILL, JACK	
STREET ADDRESS	2500 S OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	TT	<input type="checkbox"/> Delete
NAME	ZAMBELLI, ANDREW	
STREET ADDRESS	2500 S OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-00 561-393-6134  
 Date Daytime Phone #

CR2E037 (9/99)