

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

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90453 039 ****61.25

DOCUMENT # 708469
1. Entity Name
Villa Del Mar of Boca Raton Condominium Association, Inc.

00120700

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2500 S. Ocean Blvd.
Suite, Apt. #, etc.

3. Mailing Address
2500 S. Ocean Blvd.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Boca Raton, FL

City & State
Boca Raton, FL

Zip
33432

Country
USA

4. FEI Number
59-1118643

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 Peter C. Mollengarden

Street Address (P.O. Box Number is Not Acceptable)
c/o Becker + Polakoff, P.A.

500 Australian Avenue South, 9th Floor

City West Palm Beach FL Zip Code 33401

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 _____

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 NAME STREET ADDRESS CITY-ST-ZIP	V Wheaton, Kern 2500 S. Ocean Blvd. Boca Raton, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Hill, Jack 2500 S. Ocean Blvd. Boca Raton, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Zambelli, Andrew 2500 S. Ocean Blvd. Boca Raton, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Calabria, Joseph 2500 S. Ocean Blvd. Boca Raton, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pennachio, Dennis 2500 S. Ocean Blvd. Boca Raton, FL 33432
TITLE NAME STREET ADDRESS 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 all other like empowered.

SIGNATURE: *[Signature]* 6/14/02 303 530 5433 6203