

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90021 031 ****61.25

DOCUMENT # 714900

1. Entity Name

VILLAHARBOUR APARTMENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

166 HARBOUR DR.
 KEY BISCAIYNE FL 33149

166 HARBOUR DR.
 KEY BISCAIYNE FL 33149-1306

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-0854274

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERT C. OWNES
150 W. FLAGLER ST.
SUITE 2400
MIAMI FL 33130

Name **PATRICIA A. SAGOVAC**

Street Address (P.O. Box Number is Not Acceptable)
166 Harbor Drive #10

City **Key Biscayne FL** Zip Code **33149**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, to the state of Florida.

SIGNATURE

Patricia A. Sagovac

Patricia A. Sagovac 2/16/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW:
FEES 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

TITLE	PT	<input type="checkbox"/> Delete
NAME	SAGOVAC, PATRICIA A.	
STREET ADDRESS	166 HARBOR DRIVE #10	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICE, JOSOPHINE	
STREET ADDRESS	166 HARBOR DR 6	
CITY-ST-ZIP	KEY BISCAIYNE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ZEINER, CAROL	
STREET ADDRESS	166 HARBOR DRIVE #7	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE	D	<input type="checkbox"/> Delete
NAME	EPSTEIN, GERALD	
STREET ADDRESS	166 HARBOR DRIVE, # 14	
CITY-ST-ZIP	KEY BISCAIYNE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CREVELING, ELSANOR	
STREET ADDRESS	166 HARBOR DRIVE, #16	
CITY-ST-ZIP	KEY BISCAIYNE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D. del Valle, Humberto	
STREET ADDRESS	166 Harbor Drive # 13	
CITY-ST-ZIP	Key Biscayne FL 33149	
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		
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:

Patricia A. Sagovac

Patricia A. Sagovac 2/16/00 305-361-6499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)