

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731721

1. Entity Name

PORTA BELLA YACHT & TENNIS CLUB CONDOMINIUM ASSO

Principal Place of Business

799 E. JEFFERY STREET
BOCA RATON FL 33487-4191

Mailing Address

799 E. JEFFERY STREET
BOCA RATON FL 33487-4191

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHNER, LARRY P.A.
750 SOUTH DIXIE HIGHWAY
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	D	<input type="checkbox"/> Delete
NAME	FISHER, DONALD	
STREET ADDRESS	800 E JEFFERY ST. #411	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CORACINI, JOE	
STREET ADDRESS	859 E JEFFERY ST APT 210	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	EWALD, ALFRED	
STREET ADDRESS	800 E JEFFERY ST. #203	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SPERANTAS, ATHENA	
STREET ADDRESS	899 E JEFFERY ST #109	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TRILLO, JOSEPH	
STREET ADDRESS	899 E JEFFERY ST APT 401	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GALVIN, DAVID	
STREET ADDRESS	799 JEFFERY STREET #202	
CITY-ST-ZIP	BOCA RATON FL 33487	

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		

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:

David J. Galvin DAVID J. GALVIN 1/24/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)