## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 04, 2002 8:00 am DOCUMENT # 731721 Secretary of State 1. Entity Name 02-04-2002 90174 025 \*\*\*\*61.25 PORTA BELLA YACHT & TENNIS CLUB CONDOMINIUM ASSO Principal Place of Business Mailing Address 799 E. JEFFERY STREET 799 E. JEFFERY STREET **BOCA RATON FL 33487-4191** BOCA RATON FL 33487-4191 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 107 107 4. FEI Number City & State City & State Applied For 59-1662558 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SCHNER, LARRY P.A. 750 SOUTH DIXIE HIGHWAY **BOCA RATON FL 33431** Zip Code FL 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (9/01) PD D TITLE X Delete TITLE ☐ Change X Addition NAME CORACINI, JOE NAME RENE LIPPMAN **CR2E037** STREET ADDRESS STREET ADDRESS 899 JEFFERY ST. APT #111 859 € JEFFERY ST APT 210 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON. FL **BOCA RATON FL 33487** 33487 Delete TITLE TITLE ☐ Change ☐ Addition NAME SPERANTAS, ATHENA NAME STREET ADDRESS STREET ADDRESS 899 E JEFFERY ST #109 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** Delete XX Addition TITLE TITLE Change SHIRLEY GRIFFIN 899 JEFFERY STREET #110 NAME TRILLO, JOSEPH NAME STREET ADDRESS STREET ADDRESS 899 E JEFFERY ST APT 401 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33487 **BOCA RATON FL 33487** $\overline{PD}$ X Change TITLE ☐ Delete TITLE ☐ Addition NAME GALVIN, DAVID NAME STREET ADDRESS STREET ADDRESS 799 JEFFERY STREET #202 CITY-ST-7iP CITY-ST-7IP **BOCA RATON FL 33487** TITLE ☐ Change Addition X Delete TITLE NAME YUDENFREUND, DAVID NAME STREET ADDRESS STREET ADDRESS 800 JEFFREY STREET #409 CITY ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 shade 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

and & Selling 561-997-73

**FILED**