

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90067 046 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # 741058			
1. Entity Name VILLA BOUF CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 107 CLAREMONT LN. PALM BEACH SHORES FL 33404		Mailing Address 107 CLAREMONT LN. PALM BEACH SHORES FL 33404	
2. Principal Place of Business SAME Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1887302		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIMITROFF, PAT 107 CLAREMONT LANE STE 3 PALM BEACH SHORES FL 33404		7. Name and Address of New Registered Agent 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 PATRICIA DIMITROFF <i>Patricia Dimitroff</i> 01/05/01 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 ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	D STEVENS, MARY 107 CLAREMONT LANE STE 4 PALM BEACH SHORES FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD DIMITROFF, PAT 8505 SCHRIEBER DRIVE STE 3 MUNSTER IN ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TCHOKRES, VASIL 107 CLAREMONT LANE STE 2 PALM BEACH SHORES FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VASILOVSKY, ALEX 107 CLAREMONT LANE STE 1 PALM BEACH SHORES FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <i>Patricia Dimitroff</i> PATRICIA DIMITROFF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 01/05/01 Daytime Phone #	

CR2E037 (10/00)