2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State
02-11-2002 90212 005 ****61.25

DOCUMENT # 741058

1. Entity Name

VILLA BOUF CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
107 CLAREMONT LN. PALM BEACH SHORES FL 33404	#3 107 CLAREMONT LN. PALM BEACH SHORES FL 33404

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		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	7. Name and Address of New Registered Agent
DIMITROFF, PAT # 107 CLAREMONT LANE ~~STE~~ 3 PALM BEACH SHORES FL 33404	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 Patricia Dimitroff 1/11/02
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 / 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	#4	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD DIMITROFF, PAT 8505 SCHRIBER DRIVE ~~STE~~ 3 MUNSTER IN	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	#3	☐ Change
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	#2	☐ 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	#1	☐ 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

CR2E037 (9/01)

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 DIMITROFF Patricia Dimitroff 1/11/02 561-842-2083