2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741058

1. Entity Name

VILLA BOUF CONDOMINIUM ASSOCIATION, INC.

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FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90164 034 ****61.25

				7			
Principal Place of Business 107 CLAREMONT LN. PALM BEACH SHORES FL 33404		Mailing Address 107 CLAREMONT LN. PALM BEACH SHORES F	•				
2. Principal	Place of Business	2 Molling Address				B)	
		3. Mailing Address		1 (40)() (50)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State	City & State		4. FEI Number 59-1887302 Applied For		
Zip	Country	Zip	Country	5. Certificate of Stat	us Desired	Not Applicable, Additional	
	6. Name and Address of C	urrent Registered Agent		7. Name and Addre	Fee Rec	dairea	
DIMITROPP, PAT 107 CLAREMONT LANE # 3 PALM BEACH SHORES FL 33404 Name ALEX VA5/LOVS KY Stréet Address (P.O. Box number is Not Acceptable) Falm Slach Shores T City FL Zig Clade City							
signature	./	nent for the purpose of changing its state of the purpose of changing its state of the purpose o	s registered office or registe E: Registered Agent signature require.		e State of Florida. I am familiar w	vith, and accept	
	FILE NOW: FEE S \$61.25	Trust Fund C	mpaign Financing Contribution.	\$5.00 May Be Added to Fees	Make Check Payab Florida Department o		
10.	OFFICERS AN	ND DIRECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS	S IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEVENS, MARY 107 CLAREMONT LANE #4 PALM BEACH SHORES FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Chang	ge	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD DIMITROFF, PAT 8505 SCHRIBER DRIVE # 3 MUNSTER IN	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	در داد د ۱۰ معود میچ	Chang		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TCHOKRES, VASIL 107 CLAREMONT LANE #2 PALM BEACH SHORES FL			TOMKA T	CHO KRES Wichang	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VASILOVSKY, ALEX 107 CLAREMONT LANE #1 PALM BEACH SHORES FL:	☐ Delete		cereta	y Treaser	e DAddition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Chang		
TITLE NAME STREET ADDRESS STY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	e Addition	
2. Thereby o	ertify that the information supplied	t with this filing days and a velt to			-,		

I nereby 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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