

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90096 025 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 752475**  
 1. Entity Name  
**THE VILLA MARIS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business: **4404 SOUTH OCEAN BLVD. HIGHLAND BEACH FL 33487-4259**  
 Mailing Address: **4404 SOUTH OCEAN BLVD. HIGHLAND BEACH FL 33487-4259**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_  
 City & State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

4. FEI Number: **59-2178830** Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MATTHEWS, CAREY E**  
**4404-D SO. OCEAN BLVD.**  
**HIGHLAND BEACH FL 33487**

**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: \_\_\_\_\_ (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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	HANCOCK, MARGARET E	
STREET ADDRESS	4404-B SO OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MATTHEWS, CAREY E	
STREET ADDRESS	4404-D SO OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ECHEVERRIA, JOSE I	
STREET ADDRESS	4404-A SO OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RAPISARDA, ALISON	
STREET ADDRESS	4404-C SO OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALTER, ANNE	
STREET ADDRESS	4404-D SO. OCEAN BLVD.	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANCOCK, FLOYD	
STREET ADDRESS	4404-D SO. OCEAN BLVD.	
CITY-ST-ZIP	HIGHLAND BEACH FL 33407	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: SIGNATURE REQUIRED **3-18-00 (561) 276-0218**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)