

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90151 049 ****61.25

DOCUMENT # 752475

1. Entity Name

THE VILLA MARIS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**4404 SOUTH OCEAN BLVD.
 HIGHLAND BEACH FL 33487-4259**

**4404 SOUTH OCEAN BLVD.
 HIGHLAND BEACH FL 33487-4259**

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

59-2178830

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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	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	

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
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Signature: *[Handwritten Signature]* Date: *4-09-01* Daytime Phone #: *(561) 276-0218*

CR2E037 (10/00)