

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2002 8:00 am
Secretary of State

04-16-2002 90025 032 ****61.25

DOCUMENT # N00000003985

1. Entity Name

THE SHORES AT VICTORIA ISLES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**INTERGRITY PROPERTY MGMT
 953 UNIVERSITY DR.
 CORAL SPRINGS FL 33075**

**P.O. BOX 6726
 CORAL SPRINGS FL 33075**

41086



DO NOT WRITE IN THIS SPACE

65-1037185

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

APPLIED FOR ↑

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**EISNER, NEIL
 3300 UNIVERSITY DRIVE
 CORAL SPRINGS FL 33065**

Name **INTEGRITY PROPERTY MANAGEMENT**
 Street Address (P.O. Box Number is Not Acceptable) **953 UNIVERSITY DRIVE**
 City **CORAL SPRINGS** FL Zip Code **33071**

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 **Carla De Yorgi CARLA DE YORGI, Property Manager 4-3-02**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	ANDREACCI, DAN	
STREET ADDRESS	3300 UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PAGNOTTA, THOMAS	
STREET ADDRESS	3300 UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VSTD	<input checked="" type="checkbox"/> Delete
NAME	DIFIORE, CORA	
STREET ADDRESS	3300 UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARD GOLDBERG	
STREET ADDRESS	5737 N.W. 49 LANE	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREAS/D JAMES Phelps	
STREET ADDRESS	4873 N.W. 59 CT	
CITY-ST-ZIP	COCONUT CREEK, FL 33073	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEC/D ROSS WENSTEIN	
STREET ADDRESS	5827 N.W. 49 LANE	
CITY-ST-ZIP	COCONUT CREEK, FL 33073	
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**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/02/02
 Date Daytime Phone #