


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90065 026 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N03554

1. Corporation Name
**VILLA FLORA AT BOCA POINTE HOMEOWNERS ASSOCIATIO
 N, INC.**

Principal Place of Business C/O UNITED REALTY 3300 UNIVERSITY DRIVE #405 BOCA RATON FL 33065 US	Mailing Address C/O UNITED REALTY 3300 UNIVERSITY DRIVE #405 BOCA RATON FL 33065 US
---	---



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 06/08/1984	4. FEI Number 59-2739558	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent AXELROD, MARTIN 6400 VIA ROSA BOCA RATON FL 33433	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
--	---

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	WEINSTEIN, MARTIN 6471 VIA ROASE BOCA RATON FL 33433	1.1 TITLE PD	Robert Sachardow 6438 Via Rosa Boca Raton, FL 33433
TITLE VD	EHRlich, GAIL 6450 VIA ROSA BOCA RATON FL	2.1 TITLE	
TITLE D	AXELROD, MARTIN 6400 VIA ROSA BOCA RATON FL	3.1 TITLE	
TITLE SD	TULCHIN, HOWARD 6432 VIA ROSA BOCA RATON FL	4.1 TITLE	
TITLE TD	WACHSMAN, GARY 6515 VIA ROSA BOCA RATON FL	5.1 TITLE	
TITLE D	BERKOW, LESTER 6534 VIA ROSA BOCA RATON FL	6.1 TITLE	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert Sachardow*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

0022202

CR2E037 (1/198)