

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90056 038 \*\*\*\*61.25

0001627

**DOCUMENT # N03554**  
 1. Entity Name  
**VILLA FLORA AT BOCA POINTE HOMEOWNERS ASSOCIATIO**

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
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60093702



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2739558</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  
**AXELROD, MARTIN**  
**6400 VIA ROSA**  
**BOCA RATON FL 33433**

7. Name and Address of New Registered Agent  
 Name **United Community Mgmt. Corp.**  
 Street Address (P.O. Box Number is Not Acceptable) **3300 UNIVERSITY DRIVE # 405**  
 City **Coral Springs** FL Zip Code **33065**

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]* **UNITED COMMUNITY MGMT CORP** DATE **4/6/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME D WEINSTEIN, MARTIN STREET ADDRESS 6471 VIA ROASE CITY-ST-ZIP BOCA RATON FL 33433	<input checked="" type="checkbox"/> Delete
TITLE NAME VD EHRlich, GAIL STREET ADDRESS 6450 VIA ROSA CITY-ST-ZIP BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME D AXELROD, MARTIN STREET ADDRESS 6400 VIA ROSA CITY-ST-ZIP BOCA RATON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME SD TULCHIN, HOWARD STREET ADDRESS 6432 VIA ROSA CITY-ST-ZIP BOCA RATON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME TD WACHSMAN, GARY STREET ADDRESS 6515 VIA ROSA CITY-ST-ZIP BOCA RATON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME D BERKOW, LESTER STREET ADDRESS 6534 VIA ROSA CITY-ST-ZIP BOCA RATON FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME TD Weidenfeld, Thomas STREET ADDRESS 6460 Via Berita CITY-ST-ZIP Boca Raton, Fl. 33433	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VD REICH, NORMAN STREET ADDRESS 6500 VIA ROSA CITY-ST-ZIP BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME SD Wirthrop, Richard STREET ADDRESS 6477 Via Rose CITY-ST-ZIP Boca Raton, Fl. 33433	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D Di Gennero, Iris STREET ADDRESS 6390 Via Rose CITY-ST-ZIP Boca Raton, Fl. 33433	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Thomas Weidenfeld* **THOMAS WEIDENFELD** **TREASURER/DIRECTOR** DATE **4/1/01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/No Phone #

CR2E037 (10/00)