
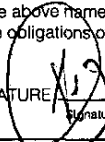
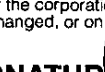


FILED
Apr 12, 2004 8:00 am
Secretary of State

DOCUMENT # N03554			
1. Entity Name VILLA FLORA AT BOCA POINTE HOMEOWNERS ASSOCIATION, 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 Suite, Apt. #, etc. City & State ZipCountry		3. Mailing Address 3300 University Drive Suite, Apt. #, etc. # 405 City & State Coral Springs, FL ZipCountry 33065	
6. Name and Address of Current Registered Agent			
UNITED COMMUNITY MGMT CORP 3300 UNIVERSITY DRIVE # 405 CORAL SPRINGS, FL 33065		Name Street Address City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE 		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEIDENFELD, THOMAS 6460 VIA BENITA BOCA RATON, FL 33433	<input type="checkbox"/> Delete	11.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EHRlich, GAIL 6450 VIA ROSA BOCA RATON, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUTCHIK, BERNADETTE 6556 VIA BENITA BOCA RATON, FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WINTHROP, RICHARD 6477 VIA ROSA BOCA RATON, FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEIGEL, SHELTON 6491 VIA ROSA BOCA RATON, FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TARSHIS, ALVIN 6438 VIA ROST BOCA RATON, FL 33433	<input type="checkbox"/> Delete	TITLE 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 611.04, F.S., if the information is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 611, F.S., if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		GAIL EHRLICH	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			