2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N03554 1. Entity Name VILLA FLORA AT BOCA POINTE HOMEOWNERS ASSOCIATION, INC.						0.	4-12-2004 9	0264 029	****61.	25	
Principal Place C/O UNITED R 3300 UNIVER BOCA RATON	REALTY RSITY DRIVE #405	C/O U 3300	g Address Inited Realty University Drive Raton, FL 3306			1 (C1()(U &() 11()	- 1 1881 51101 1140 861		1/1/1 1/1/1 1/1		
Principal Place of Business Suite, Apt. #, etc.		33	3. Mailing Address 3. Mailing Address Suite, Apr. #, etc.								
<u></u>		# [105			<u> </u>	hg-NP 	CR2E037			
City & State	e	Cor	y & State al Sprin	S.Fl.		4. FEI Number 59-27395	58		No	plied For t Applicable	
Zip	Country	Zip 33	2065	Country		5. Certificate of S	itatus Desired		8.75 Add ee Require		
	6. Name and Address of Curre	nt Registere	d Agent			7. Name and Ad	dress of New F	Registered A	gent		
UNITED COMMUNITY MGMT CORP 3300 UNIVERSITY DRIVE # 405 CORAL SPRINGS, FL 33065					Name Street Address (P.O. Box Number is Not Acceptable)						
				City		<u> </u>		FL	Zip Code		
signature	ions of registered agent. Identify the state of the stat	ent and title if appl	9. Election Cam			\$5.00 May Be		DATE lake check			
16:	Due by May 1, 2004	- Interess	Trust Fund Co			Added to Fees	ļ	ida Departr			
16:				11.	Α.	DDITION\$/CHANG	SES TO OFFICE	RS AND DIR	ECTORS IN	10	
NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND OFFIC	DIRECTORS	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Deiv	ran, Fra 8 Via Be	≥nıta		☐ Change	Addition	
NAME STREET ADDRESS	TD WEIDENFELD, THOMAS 6460 VIA BENITA	JHECTORS	☐ Delete	NAME STREET ADDRESS	D Deiv	man, Fra 8 Via Be a Pattoc	≥nıta	33437	Change		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TD WEIDENFELD, THOMAS 6460 VIA BENITA BOCA RATON, FL 33433 PD EHRLICH, GAIL 6450 VIA ROSA	JHECTORS		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D Deiv	y Via Be	≥nıta	33437	3	Addition	
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12. I hereby certify that the information supplied with this filling 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 occuracy 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:

V) Gall Ehrlich GAIL EHRLICH
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/7/04

Daytime Phone #