

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90285 032 \*\*\*\*61.25

<b>DOCUMENT # N03554</b> 1. Entity Name <b>VILLA FLORA AT BOCA POINTE HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>C/O UNITED REALTY 3300 UNIVERSITY DRIVE #405 BOCA RATON, FL 33065 US</b>		Mailing Address <b>3300 UNIVERSITY DRIVE #405 BOCA RATON, FL 33065 US</b>	
2. Principal Place of Business <b>11784 W. Sample Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>11784 W. Sample Rd</b> Suite, Apt. #, etc.	
City & State <b>Coral Springs, FL</b> Zip <b>33065</b> Country		City & State <b>Coral Springs, FL</b> Zip <b>33065</b> Country	
4. FEI Number <b>59-2739558</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>UNITED COMMUNITY MGMT CORP 3300 UNIVERSITY DRIVE #405 CORAL SPRINGS, FL 33065</b>		7. Name and Address of New Registered Agent Name <b>United Community Mgmt Corp</b> Street Address (P.O. Box Number is Not Acceptable) <b>11784 W. Sample Road</b> City <b>Coral Springs</b> <b>FL</b> Zip Code <b>33065</b>	
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <b>Rebeca Kattar</b> VP Finance United Comm Mgmt 3/4/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEIDENFELD, THOMAS 6460 VIA BENITA BOCA RATON, FL 33433 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Gilbert, Gary 6579 Via Benita Boca Raton, FL 33433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEIGEL, SHELDON 6491 VIA ROSA BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<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: <b>Gary Gilbert, Treas.</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>3-14-05</b> Daytime Phone #	