Applied For

2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N03554



Apr 21, 2003 8:00 am Secretary of State 04-21-2003 91054 031 ****61.25

FILED

1. Entity Name VILLA FLORA AT BOCA POINTE HOMEOWNERS ASSOCIATIO N, INC.		
Principal Place of Business	Mailing Address	
C/O UNITED REALTY	C/O UNITED REALTY	

3300 UNIVERSITY DRIVE #405 3300 UNIVERSITY DRIVE #406 **BOCA RATON FL 33065 BOCA RATON FL 33065** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2739558**

]		ļ		INOL Applicable
Zip	Country	Zip	Country	5. Certificate of Status	Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent				
UNITED COMMUNITY MGMT CORP 3300 UNIVERSITY DRIVE # 405		Na	ne			
		Str	Street Address (P.O. Box Number is Not Acceptable)			
CORAL SPR	INGS FL 33065					
	* ;		Cit	(Zip Code

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		<u> </u>	
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
- 1.			

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10.	OFFICERS AND DIRECTORS		11.		ES TO OFFICERS AND DIRECTORS I	N 10
TITLE	TD	☐ Delete	TITLE	WEIDENFEL	→ Change	☐ Addition
NAME	WEIDERFELD, THOMAS		NAME		9	
STREET ADDRESS	6460 VIA BENITA		STREET ADDRESS			}
CITY-ST-ZIP	BOCA RATON FL 33433		CITY-ST-ZIP			
HILL	PD	☐ Detete	TITLE		☐ Change	☐ Addition
NAME	EHRLICH, GAIL		NAME			· ' [
STREET ADDRESS	6450 VIA ROSA		STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE		BERNADETTE Change	Addition
	KRUTCHIK, BERNIE		NAME	KRUTCHIK, t	SERVADETIE	
STREET ADDRESS	6556 VIA BENITA		STREET ADDRESS	_ '		ĺ
	BOCA RATON FL 33433		CITY-ST-ZIP			
TITLE	SD	☐ Delete	TITLE	VD	Change	☐ Addition
NAME	WINTHROP, RICHARD		NAME		T	
STREET ADDRESS	6477 VIA ROSA		STREET ADDRESS	1		
CITY-ST-ZIP	BOCA RATON FL 33433		CITY-ST-ZIP	_	_	
TITLE	D	☐ Delete	TITLE		Change	Addition
NAME	SIGEL, SHELDON		NAME		•	{
STREET ADDRESS	6491 VIA ROSA		STREET ADDRESS		- mar =	ſ
CITY-ST-ZIP	BOCA RATON FL 33433		CITY-ST-ZIP			
TITLE	(D	☑ Delete	TITLE	Secretary	☐ Change	Addition
NAME	BERKOW, LESTER	-	NAME	ALVIN TAP	2 Shic	
STREET ADDRESS	6534 VIA ROSA		STREET ADDRESS	THUIN IT	0.41	
CITY-ST-ZIP	ROCA RATON FI	1	CITY-ST-7IP	6438 VIA	KOSt -01/27	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07 lorida 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: