

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11628

1. Entity Name

VILLE DE CAPRI HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

961 BROKEN SOUND PKWY
STE 250
BOCA RATON FL 33487
US

Mailing Address

961 BROKEN SOUND PKWY
STE 250
BOCA RATON FL 33487
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2707757

Applied For

Not Applicable

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

MESSINGER, JOEL CA'S
951 BROKEN SOUND PARKWAY
SUITE 250
BOCA RATON FL 33487

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	SD LEVY, CHARLES	<input type="checkbox"/> Delete
STREET ADDRESS	5124 VIA DE AMALFI DR	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE NAME	D MILLER, DAVE	<input type="checkbox"/> Delete
STREET ADDRESS	5132 VIA DE AMALFI DR	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE NAME	DT BUCHMAN, JEAN	<input type="checkbox"/> Delete
STREET ADDRESS	17362 VIA CAPRI E	
CITY-ST-ZIP	BOCA RATON FL	
TITLE NAME	D HERSH, SANFORD	<input type="checkbox"/> Delete
STREET ADDRESS	5116 VIA DEAMALFI DR	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE NAME	PD LONDON, MEL	<input type="checkbox"/> Delete
STREET ADDRESS	5133 VIA DE AMALFI DR	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE NAME	VD BABIN, IVAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5173 VIA DE AMALFI DR.	
CITY-ST-ZIP	BOCA RATON FL 33496	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90045 050 ****61.25

00035643



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)