2002 UNIFORM BUSINESS REPORT (UBR)

Feb 03, 2002 8:00 am **DOCUMENT # N11711** Secretary of State 1. Entity Name 02-03-2002 90006 001 ****61.25 TRENDS AT BOCA RATON HOMEOWNERS' ASSOCIATION, IN Principal Place of Business Mailing Address PONTE MANAGEMENT 75 NE 6TH AVE 916420 7540 US HWY 1. #104 ANTANT FL 33462 DELRAY BEACH FL 33483 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2779799 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) POINTE MGMT GROUP 75 NE 6TH AVE #202296 **DELRAY BEACH FL 33483** 8. The above named entity submits this statement of the purpose of changing its registered office or registered agent, or both **SIGNATURE** (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing Make Check Payable to \$5.00 May Be 10W: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME Fernandez. Irene NAME STREET ADDRESS 22988 OLD INLET BRDGE DR STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP VD. TITLE Delete TITLE Change ☐ Addition MONTALBANO, SUSAN NAME NAME 8455 DYMASTY DR STREET ADDRESS STREET ADDRESS BOCA RATON FL -CITY-ST-ZIP CITY-ST-ZIP SD TITLE Delete TITLE ☐ Change Addition SURMAN, HELEN NAME NAME 23030 FLORALWOOD LANE STREET ADDRESS STREET ADDRESS BOCA RATON-FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition WEISS, HELEN NAME NAME 8581 TEEBERRY LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP William Russo ZZ 181 SANDS FOIRT DR TITLE ☐ Delete TITI F ☐ Change Addition IliAM RUSSO 181 SANDS AUNT DA NAME NAME STREET ADDRESS STREET ADDRESS 22/8/ CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 DIRECTO

1/1/02 Date

Daytime Phone #

FILED