

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

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90139 008 ****61.25

0041786

DOCUMENT # N11711

1. Entity Name

TRENDS AT BOCA RATON HOMEOWNERS' ASSOCIATION, IN C.



Principal Place of Business

PONTE MANAGEMENT
7540 US HWY 1, #104
LANTANT FL 33462
US

Mailing Address

75 NE 6TH AVE
#202
DELRAY BEACH FL 33483
US

2. Principal Place of Business

FLORIDA ONE PROPERTY MGMT
Suite, Apt. #, etc. # 4
RD 7

3. Mailing Address

7660 NO STATE RD 7
Suite, Apt. #, etc. # 4



CHECK HERE IF MAKING CHANGES

POMPANO BEACH, FL

POMPANO BEACH, FL

4. FEI Number 59-2779799

Applied For
Not Applicable

Zip 33073

Country BROWARD

Zip 33073

Country BROWARD

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESTEBANCZ, ERIC
75 NE 6TH AVE
#206
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name WILLIAM RUSSO

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

7660 NO STATE RD 7 # 4

City COCONUT CREEK

FL

Zip Code 33073

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

[Signature] LEAH

2/17/03

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, IRENE	
STREET ADDRESS	22988 OLD INLET BRDGE DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WEISS, HELEN	
STREET ADDRESS	8581 TEBERRY LANE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RUSSO, WILLIAM	
STREET ADDRESS	22181 SANDS POINT DR	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT GRAZIOSO	
STREET ADDRESS	22980 FIORALWOOD LANE	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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] IRENE FERNANDEZ PRES 954-360 9797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR