

**.2001 UNIFORM BUSINESS REPORT (UBR)**

2/28

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90090 023 \*\*\*\*61.25

**DOCUMENT # N13107**

1. Entity Name

**THE VILLAGE AT BOCA RIO HOMEOWNERS' ASSOCIATION,**

Principal Place of Business      Mailing Address  
 8170 BOCA RIO DRIVE      8170 BOCA RIO DRIVE  
 BOCA RATON FL 33433      BOCA RATON FL 33433

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 **59-2674238**      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

**TRIDENT PROPERTIES MANAGEMENT**  
**1000 HOLLAND DR 5**  
**STE 3150**  
**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]*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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	P	<input checked="" type="checkbox"/> Delete
NAME	SPANN, DAVID	
STREET ADDRESS	8377 BOCA RIO DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KRESHOWER, ELLEN	
STREET ADDRESS	8283 BOCA RIO DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	S	<input type="checkbox"/> Delete
NAME	PASSALAGUA, DOROTHY <i>D.</i>	
STREET ADDRESS	8163 BOCA RIO DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	AMBROSE, THOMAS	
STREET ADDRESS	8337 BOCA RIO DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AROYO, ADAM	
STREET ADDRESS	8555 BOCA RIO DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, LORETTA	
STREET ADDRESS	8483 BOCA RIO DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33433	

TITLE	Vice President - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LASZLO PATASSY	
STREET ADDRESS	8240 Boca Rio Drive	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maria Bajuelo	
STREET ADDRESS	8229 Boca Rio Drive	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	PRESIDENT - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOM AMBROSE	
STREET ADDRESS	8337 Boca Rio Drive	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* **DOROTHY M. PASSALAGUA**      Date **MAR 16 2001 501 482 1092**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #

CR2E037 (10/00)