

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90088 003 ****61.25

DOCUMENT # N13107

1. Entity Name

THE VILLAGE AT BOCA RIO HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8170 BOCA RIO DRIVE
 BOCA RATON FL 33433

8170 BOCA RIO DRIVE
 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



DO NOT WRITE IN THIS SPACE

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

Director of Property Management

(NOTE: Registered Agent signature required when reinstating)

2/5/02

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 Delete
 NAME **DVP PATASSY, LASZLO**
 STREET ADDRESS **8240 BOCA RIO DR**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE Change Addition
 NAME **DP Laszlo Patassy**
 STREET ADDRESS **8240 Boca Rio Drive**
 CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE Delete
 NAME **T BAJUELO, MARIA**
 STREET ADDRESS **8229 BOCA RIO DR.**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S PASSALAQUA, DOROTHY**
 STREET ADDRESS **8163 BOCA RIO DRIVE**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DP AMBROSE, THOMAS**
 STREET ADDRESS **8337 BOCA RIO DRIVE**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE Change Addition
 NAME **DVP Thomas Ambrose**
 STREET ADDRESS **8337 Boca Rio Drive**
 CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE Delete
 NAME **D COHEN, LORETTA**
 STREET ADDRESS **8483 BOCA RIO DRIVE**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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)(l), 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: *Dorothy Passalacqua* **DOROTHY PASSALAQUA** *2/29/02* **5614821098**

CR2E037 (9/01)