

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90167 048 \*\*\*\*61.25

**DOCUMENT # N21147**

1. Entity Name

**ADIOS VILLAS HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 970548  
COCONUT CREEK FL 33096  
US

P.O. BOX 970546  
COCONUT CREEK FL 33096  
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 970546

P.O. Box 970546

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Coconut Creek, FL**

City & State  
**Coconut Creek, FL**

4. FEI Number  
**65-0037417**

Applied For  
☐ Not Applicable

Zip  
**33097**

Country  
**US**

Zip  
**33097**

Country  
**US**

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

Name

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

City

**FL**

Zip Code

**RUSSELL, BRYCE**  
**3320 NW 71 STREET**  
**P.O. BOX 970548**  
**COCONUT CREEK FL 33097**

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

TITLE	<b>SD SECRETARY</b>	<input type="checkbox"/> Delete
NAME	<b>LINGAL, MYRA</b>	
STREET ADDRESS	<b>P.O. BOX 970548</b>	
CITY-STATE-ZIP	<b>COCONUT CREEK FL 33097</b>	
TITLE	<b>PD PRESIDENT</b>	<input type="checkbox"/> Delete
NAME	<b>RUSSELL, BRYCE</b>	
STREET ADDRESS	<b>P.O. BOX 970548</b>	
CITY-STATE-ZIP	<b>COCONUT CREEK FL 33097</b>	
TITLE	<b>TD TREASURER</b>	<input type="checkbox"/> Delete
NAME	<b>PARRISH, WILLIAM</b>	
STREET ADDRESS	<b>P.O. BOX 970548</b>	
CITY-STATE-ZIP	<b>COCONUT CREEK FL 33097</b>	
TITLE	<b>D Director</b>	<input type="checkbox"/> Delete
NAME	<b>REED, CHARLES</b>	
STREET ADDRESS	<b>P.O. BOX 970548</b>	
CITY-STATE-ZIP	<b>COCONUT CREEK FL 33097</b>	
TITLE	<b>VPO VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DIONNE, KEVIN</b>	
STREET ADDRESS	<b>PO BOX 970548</b>	
CITY-STATE-ZIP	<b>COCONUT CREEK FL 33097</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>LINEAL MYRA</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	<b>BURES, MICHAEL</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PO Box 970546</b>	
STREET ADDRESS	<b>COCONUT CREEK, FL 33097</b>	
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/15/2002 426-4506**  
Date Daytime Phone #

CR2E037 (9/01)