

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90096 033 ****61.25

DOCUMENT # N21147

1. Entity Name

ADIOS VILLAS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 970546
COCONUT CREEK FL 33096
US

Mailing Address

P.O. BOX 970546
COCONUT CREEK FL 33096
US

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 **65-0037417**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

RUSSELL, BRYCE

**3320 NW 71 STREET
P.O. BOX 970546
COCONUT CREEK FL 33097**

7. Name and Address of New Registered Agent

Name

Bures, Michael

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

Same

City

Same

FL

Zip Code

Same

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 Michael Bures

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

(NOTE: Registered Agent signature required when reinstating)

2/24/03

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 NAME STREET ADDRESS CITY-ST-ZIP	SD LINEAL, MYRA P.O. BOX 970546 COCONUT CREEK FL 33097	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUSSELL, BRYCE P.O. BOX 970546 COCONUT CREEK FL 33097	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PARRISH, WILLIAM P.O. BOX 970546 COCONUT CREEK FL 33097	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, CHARLES P.O. BOX 970546 COCONUT CREEK FL 33097	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURES, MICHAEL PO BOX 970546 COCONUT CREEK FL 33097	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Nancy Jacino-Aziere P.O. Box 970546 Coconut Creek, FL 33097	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TADDONIO, PAUL P.O. Box 970546 Coconut Creek, FL 33097	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PARISH, WILLIAM P.O. Box 970546 Coconut Creek, FL 33097	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Karen Justice P.O. Box 970546 Coconut Creek, FL 33097	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bures, Michael P.O. Box 970546 Coconut Creek, FL 33097	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Suzon Dionne P.O. Box 970546 Coconut Creek, FL 33097	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 REQUIRED WILLIAM PARRISH 2/24/03

954-481-8031

CFR2E037 (10/02)

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