

**2000 UNIFORM BUSINESS REPORT (UBR)**

3,

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90088 045 \*\*\*\*61.25

**DOCUMENT # N23654**

1. Entity Name

**WELLESLEY AT BOYNTON BEACH HOMEOWNERS ASSOCIATIO**

Principal Place of Business

Mailing Address

G/O TOUCHSTONE WEBB MGM  
 5710 S. DIXIE HWY. SUITE A  
 WEST PALM BEACH FL 33405  
 US

G/O TOUCHSTONE WEBB MGM  
 5710 S. DIXIE HWY. SUITE A  
 WEST PALM BEACH FL 33405-2125  
 US

2. Principal Place of Business

3. Mailing Address

**2328 So. Congress Ave.**

**2328 So. Congress Ave.**

(Suite) Apt. #, etc.

(Suite) Apt. #, etc.

**1-C**

**1-C**

City & State

**West Palm Beach, FL**

City & State

**West Palm Beach, FL**

Zip

**33406**

Country

**USA**

Zip

**33406**

Country

**USA**

4. FEI Number

**65-0014861**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SALATA, KATHLENN W**  
**5710 S. DIXIE HIGHWAY, SUITE A**  
**WEST PALM BEACH FL 33405**

7. Name and Address of New Registered Agent

Name **Banyan Property Management Services, Inc.**  
 Street Address (P.O. Box Number is Not Acceptable) **2328 So. Congress Ave. Suite 1-C**  
 City **West Palm Beach** FL Zip Code **33406**

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 Robert R Rossi Robert R Rossi LEAM 3/20/00  
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>D</b>	<input type="checkbox"/> Delete
NAME	<b>CUCCINOTTA, LOU</b>	
STREET ADDRESS	<b>2302 DRYDEN CT</b>	
CITY-ST-ZIP	<b>LANTANA FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>ULISSI, VINCENT</b>	
STREET ADDRESS	<b>3604 MEDFORD CT</b>	
CITY-ST-ZIP	<b>LANTANA FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>WRIGHT, TERRI</b>	
STREET ADDRESS	<b>101 ANDOVER COURT</b>	
CITY-ST-ZIP	<b>LANTANA FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HOFFSTEIN ELI</b>	
STREET ADDRESS	<b>202 ANDOVER COURT</b>	
CITY-ST-ZIP	<b>LANTANA FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>MULLER, BOB</b>	
STREET ADDRESS	<b>4503 ROXBURY</b>	
CITY-ST-ZIP	<b>LANTANA FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE	<b>TD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Griffin, Ruth</b>	
STREET ADDRESS	<b>2503 Amherst Court</b>	
CITY-ST-ZIP	<b>Lantana, FL</b>	
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)(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: Robert R Rossi Robert R Rossi LEAM 3/20/00 049-8585  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**Robert R Rossi LEAM**

CR2E037 (9/99)