

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90050 003 \*\*\*\*70.00

**DOCUMENT # N26437**

1. Entity Name

**VILLA POINTE RECREATION AREA ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

BUDGET PROP. MGMT. SRVC. INC.  
 3141 S. MILITARY TRAIL  
 LAKE WORTH FL 33463

BUDGET PROP. MGMT. SRVC. INC.  
 3141 S. MILITARY TRAIL  
 LAKE WORTH FL 33463  
 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

**65-0136100**

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

**ST. JOHN, DICKER, KRIVOK & CORE, P.A.**  
**500 AUSTRALIAN AVE. SOUTH**  
**SUITE 600**  
**WEST PALM BEACH FL 33401**

Name **St. John, Core, Fiore, Lemme, P.A.**

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

**500 Australian Ave. So. #600**

City **West Palm Beach**

**FL**

Zip Code **33401**

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

*David St. John*

**David St. John, Pres.**

**02/07/02**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST TAYLOR, SUSAN 5532 GOLDEN EAGLE CIR PALM BEACH GARDENS FL 33418</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ELSBERRY, JAMES 1985 MONKS CT W PALM BCH FL 33415</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD OSCAR, CORIA 1991 MONKS ST W PALM BCH FL 33415</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D OLES, CATHY A 1951 MONKS COURT WEST PALM BEACH FL 33415</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MARKLE, FRANCIS 1922 MONKS COURT WEST PALM BEACH FL 33415</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6T Janice Morse 1976 Monks Ct. West Palm Beach, Fl. 33415</b>	<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**

*[Signature]*

**1/31/02**

**561-642-0080**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)



**LEE COUNTY**  
SOUTHWEST FLORIDA

**BOARD OF COUNTY COMMISSIONERS**

Attachment  
#N37978 / 508193

Writer's Direct Dial Number: **(941) 335-2236**

Bob Janes  
District One

Douglas R. St. Cerny  
District Two

Ray Judah  
District Three

Andrew W. Coy  
District Four

John E. Albion  
District Five

Donald D. Stilwell  
County Manager

James G. Yaeger  
County Attorney

Diana M. Parker  
County Hearing  
Examiner

February 7, 2002

**Division of Corporations  
Uniform Business Report Filings  
Post Office Box 1500  
Tallahassee, Florida 32302-1500**

**Re: LEE COUNTY GOVERNMENTAL LEASING CORPORATION**

**Dear Sir or Madam:**

Enclosed for filing is the completed 2002 Uniform Business Report for the above-referenced corporation. Also, enclosed is money order number 388937184 in the total amount of \$70.00 representing payment of the filing fee of \$61.25 and Certificate of Status cost of \$8.75.

If you have any questions, please let me know.

Very truly yours,

**James G. Yaeger  
County Attorney**

JGY:cdd

Enclosures