

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-06-2002 90050 004 ****70.00

DOCUMENT # N26439

1. Entity Name

VILLA POINTE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

BUDGET PROPERTY MANAGEMENT SERVICES
3141 SO MILITARY TRAIL
LAKE WORTH FL 33463
US

3141 SO MILITARY TRAIL
LAKE WORTH FL 33463
US

J U O I O A



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0120256

Applied For

Not Applicable

Zip

Country

Zip

Country

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, CAPLAN, KRIVOK & CORE
500 AUSTRALIAN AVE SOUTH
#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 ~~file~~ 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 Delete
 NAME **PD CORIA, OSCAR**
 STREET ADDRESS **1991 MONKS COURT**
 CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD ELSBERRY, JAMES**
 STREET ADDRESS **1985 MONKS COURT**
 CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **ST TAYLOR, SUSAN**
 STREET ADDRESS **5532 GOLDEN EAGLE CIRCLE**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D OLES, CATHY ANN**
 STREET ADDRESS **1951 MONKS CT**
 CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D MARKLE, FRANCIS**
 STREET ADDRESS **1922 MONKS CT**
 CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **ST Janice Morse**
 STREET ADDRESS **1976 Monks**
 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:

SIGNATURE REQUIRED

[Signature]

1/31/02

561-642-5080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)