

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90191 043 ****61.25

DOCUMENT # N29337 No Name Change Filed
 1. Entity Name
BOCA PINES HOMEOWNERS ASSOCIATION, INC.
VILLAGETO AT BOCA RATON *- All Attached*

| | |
|---|---|
| Principal Place of Business 2035 HARDING ST., #200 HOLLYWOOD FL 33020 US | Mailing Address 2035 HARDING ST., #200 HOLLYWOOD FL 33020 US |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------------------|--------------------|---------|
| 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 65-0085445 | Applied For <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
DEVELOPMENT CONSULTANTS, INC.
 2035 HARDING ST., #200
 HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent
 Name: **Mr. Andrew Meyers** - *clo DCI*
 Street Address (P.O. Box Number is Not Acceptable):
2035 Harding St,
Suite #200
 City: **Hollywood** FL Zip Code: **33020**

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]* (NOTE: Registered Agent signature required when reinstating)
 DATE: **1/17/02**

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 NAME STREET ADDRESS CITY-ST-ZIP | PD POTOLICCHIO, RODNEY 9730 VIA EMILIE BOCA RATON FL 33428 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD CHAPA, TEOFILO 9817 VIA EMILIE BOCA RATON FL 33428 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD GIMBEL, SCOTT 9694 VIA EMILIE BOCA RATON FL 33428 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SARAZEN, NANCY 9676 VIA EMILIE BOCA RATON FL 33428 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARRISON, WILLIAM 9717 VIA EMILE BOCA RATON FL 33428 | <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 | | <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 | TREASURER BRIAN SKITH 9669 Via Em. lie Boca Raton, Florida 33428 | <input type="checkbox"/> Change <input checked="" 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 |

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 or empowered.

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **1-15-02**
 Date: _____ Daytime Phone #: _____

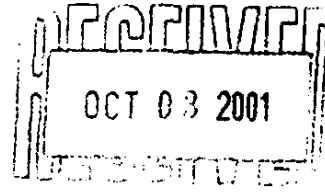
CR2E037 (9/01)

Attachment 819623

#N29337



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State



September 27, 2001

VILLAGGIO OF BOCA RATON
2035 HARDING STREET., #200
HOLLYWOOD, FL 33020

Subject: **VILLAGGIO OF BOCA RATON**

REGISTRATION NUMBER: **G01269900123**

This will acknowledge the filing of the above fictitious name registration which was registered on September 27, 2001. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between January 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES. Whenever corresponding please provide assigned Registration Number.

Should you have any questions regarding this matter you may contact our office at (850) 488-9000.

/mp
Division of Corporations

Letter No. 301A00053721

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

attachment
819623
#U29337

DOCUMENT #

1. Name of Corporation

VILLAGGIO OF BOCA RATON

2. Principal Office Address

2035 HARDING ST, #200

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

#200

HOLLYWOOD, FLORIDA

City State

Zip

Country

33020

BROWARD

4. Date incorporated or Qualified To Do Business in Florida

5. FEI Number

Applied For

65-0085445

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DEVELOPMENT CONSULTANTS, INC.

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

2035 HARDING STREET

Suite, Apt. #, etc.

200

State Zip Code

FL 33020

HOLLYWOOD

Carl S. Mill

REGISTERED AGENT MUST SIGN

Date

7/16/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City State Zip |
|-----------|-----------------------------------|--|----------------------|
| PRES | RODNEY POTOLICCHIO | 9730 VIA EMILIE | BOCA RATON, FL 33428 |
| VICE PRES | TEOFILO CHAPA | 9718 VIA EMILIE | BOCA RATON, FL 33428 |
| TREAS | SCOTT GIMBEL | 9694 VIA EMILIE | BOCA RATON, FL 33428 |
| SECT | NANCY SARAZEN | 9676 VIA EMILIE | BOCA RATON, FL 33428 |
| DIR | WILLIAM HARRISON | 9717 VIA EMILIE | BOCA RATON, FL 33428 |

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-01

Date

477-4678

Daytime Phone #