

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/1

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90015 039 \*\*\*\*61.25

**DOCUMENT # N34329**

1. Entity Name

**VILLA COSTA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

3210 S OCEAN BLVD  
 3210 S. OCEAN BLVD.  
 HIGHLAND BEACH FL 33487  
 US

Mailing Address

VILLA COSTA CONDO. ASSN.  
 3210 S OCEAN BLVD  
 HIGHLAND BEACH FL 33487-2511  
 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

4. FEI Number

**NOT APPLICABLE**

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

**PHELPS, PHILIP**  
 3210 S. OCEAN BLVD.  
 HIGHLAND BEACH FL 33487

7. Name and Address of New Registered Agent

Name

**MORTON SIMONS**

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

**3210 S. OCEAN BLVD**

City

**HIGHLAND BEACH**

FL

Zip Code

**33487**

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

*Morton A. Simons*  
 Signature, typed or printed name of registered agent and title if applicable

**MORTON A. SIMONS**  
 (NOTE: Registered Agent signature required when reconstituting)

**4-25-00**  
 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	PD	<input type="checkbox"/> Delete
NAME	SIMONS, MORTON	
STREET ADDRESS	3210 SOUTH OCEAN BLVD.	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	D	<input type="checkbox"/> Delete
NAME	DROUT, DANIEL	
STREET ADDRESS	3210 S OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BCH FL 33487	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MORANDO, DONALD	
STREET ADDRESS	3210 S OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	T	<input type="checkbox"/> Delete
NAME	TUNIS, LEONARD	
STREET ADDRESS	3210 S OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	S	<input type="checkbox"/> Delete
NAME	BENNETT, HILDA	
STREET ADDRESS	3210 S. OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUNIS, LEONARD	
STREET ADDRESS	3210 S. OCEAN BLVD.	
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GROSS, WILLIAM	
STREET ADDRESS	3210 S. OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	

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:

*Morton A. Simons*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**3/29/00**  
 561-272-2676  
 Daytime Phone #

CR2E037 (9/99)