

2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Mar 07, 2001 8:00 am
Secretary of State

02-16-2001 90010 022 ****61.25

DOCUMENT # N40998

1. Entity Name

VILLA PLATI HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

314 NE 3RD ST
 BOYNTON BEACH FL 33435
 US

314 NE 3RD ST
 BOYNTON BEACH FL 33435
 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

65-0500529

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

Name

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

City

FL

Zip Code

ABRAMSON, LAWERENCE ESQ
1860 FOREST HILL BLVD
WEST PALM BEACH FL 33406

B. 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, 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 Delete
 NAME **PTD**
 STREET ADDRESS **FINGOLD, DAVID**
 CITY-ST-ZIP **303 EVERGLADE AVENUE**
PALM BEACH FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **33480**

TITLE Delete
 NAME **DVP**
 STREET ADDRESS **LIPSON, JEFFREY**
 CITY-ST-ZIP **300 ATLANTIC AVE**
PALM BEACH FL 33480

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD**
 STREET ADDRESS **ABRAMSON, RUTH**
 CITY-ST-ZIP **305 EVERGLADE AVENUE**
PALM BEACH FL 33480

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **IRVIN SALTZMAN**
 STREET ADDRESS **224 BRADLEY PLACE**
 CITY-ST-ZIP **PALM BEACH, FL 33480**
WRONG PLACE

TITLE Change Addition
 NAME **DAVID SALTZMAN**
 STREET ADDRESS **SALTZMAN, IRVIN**
 CITY-ST-ZIP **224 BRADLEY PLACE**
PALM BEACH, FL 33480

TITLE Delete
 NAME **MARSHALL HESS**
 STREET ADDRESS **310 ATLANTIC AVE**
 CITY-ST-ZIP **PALM BEACH FL 33480**
WRONG PLACE

TITLE Change Addition
 NAME **HESS, MARSHALL**
 STREET ADDRESS **310 ATLANTIC AVE**
 CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/01

Date

561-738-0061

Daytime Phone #

CR2E037 (10/00)