

**AMENDED**  
**NOT-FOR-PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

07-28-2003 90135 046 \*\*\*\*\*61.25

N40998


**FILED**

03 AUG -1 PM 12:15

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

90147253

DOCUMENT # N 40998  
 1. Entity Name  
 VILLA PLATI HOMEOWNERS ASSN  
 INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 223 SUNSET AVE Suite, Apt. #, etc. SUITE # 110 City & State PALM BEACH FL Zip 33480		3. Mailing Address 223 SUNSET AVE Suite, Apt. #, etc. SUITE # 110 City & State PALM BEACH FL Zip 33480	
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4. FEI Number  
1650500529

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent

Name  
LAWRENCE ABRAMSON ESQ

Street Address (P.O. Box Number is Not Acceptable)  
1860 FOREST HILL BLVD

City  
WEST PALM BEACH FL Zip Code  
33406

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Lawrence M. Abramson (NOTE: Registered Agent signature required when reappointing)  
 DATE 8/2/03

FEE IS \$61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD IRVIN SALTZMAN 224 BRADLEY PLACE PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JEFFREY LIPSON 300 ATLANTIC AVE PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8/8/1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUTH A. ABRAMSON 305 EVERGLADES AVE PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL HESS 310 ATLANTIC AVE PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID FINGOLD 303 EVERGLADES AVE PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ruth C. Abramson DATE 5/30/03  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR-2637B (12/02)