

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000922

1. Entity Name

EXCELLENTE VILLAGE CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90032 038 ****61.25

Principal Place of Business

Mailing Address

6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487
US

6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487-8229
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

65-0384326

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

ST JOHN, KING & DICKER
500 AUSTRALIAN AVENUE SOUTH
SUITE 600
WEST PALM BEACH FL 33401

Name

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

City

FL

Zip Code

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, 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 PD ☐ Delete
NAME ALLEN, MALVIN
STREET ADDRESS 5099-0 SPLENDIDO CT
CITY-ST-ZIP BOYNTON BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME WOLFE, JEREMIAH
STREET ADDRESS 5099-F SPLENDIDO CT
CITY-ST-ZIP BOYNTON BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME DONDEY, AL
STREET ADDRESS 5131-K EUROPA DR
CITY-ST-ZIP BOYNTON BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME CHALEK, JOEL
STREET ADDRESS 5163 H EVROPA DR
CITY-ST-ZIP BOYNTON BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME SOLOMAN, CORINNE
STREET ADDRESS 5155-D EUROPA DR
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 19/99