

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004111

1. Entity Name

VILLA VIZCAYA PROPERTY OWNERS ASSOCIATION, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90098 001 ****70.00

Principal Place of Business

16197 VILLA VIZCAYA PL
DELRAY BEACH FL 33446
US

Mailing Address

5295 TOWN CENTER RD
SUITE 200
BOCA RATON FL 33486-1080
US

2. Principal Place of Business

5295 Town Center Rd
Suite, Apt. #, etc.
200

3. Mailing Address

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Zip

33486

Country

Country

4. FEI Number

65-0705986

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ISAACSON, WILLIAM K
5295 TOWN CENTER RD
STE 200
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

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

TITLE PD
NAME BALLIS, KIMON ☐ Delete
STREET ADDRESS 16166 VILLA VIZCAYA PL
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE VD
NAME DAVIS, JERRY ☐ Delete
STREET ADDRESS 16160 VILLA VIZCAYA PL
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE VD
NAME PISNOY, HOWARD ☐ Delete
STREET ADDRESS 16148 VILLA VIZCAYA PLACE
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE SD
NAME SALOVITCH, ROBERT ☐ Delete
STREET ADDRESS 16118 VILLA VIZCAYA PL
CITY-ST-ZIP DELRAY BCH FL 33446

TITLE TD
NAME DEMSKY, HERBERT ☒ Delete
STREET ADDRESS 16142 VILLA VIZCAYA PL
CITY-ST-ZIP DELRAY BCH FL 33446

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☒ Addition
NAME ELAINE LEEDS
STREET ADDRESS 16059 Villa Vizcaya Place
CITY-ST-ZIP Delray Beach, FL 33446

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

Date

Daytime Phone #

CR2E037 (9/99)