

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004111

1. Entity Name

VILLA VIZCAYA PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5295 TOWN CENTER RD
BOCA RATON FL 33486
US

5295 TOWN CENTER RD
SUITE 200
BOCA RATON FL 33486
US

2. Principal Place of Business

21045 Commercial Dr

3. Mailing Address

21045 Commercial Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33486

Country

USA

Zip

33486

Country

USA

6. Name and Address of Current Registered Agent

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

4. FEI Number

65-0705986

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$9.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



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
STREET ADDRESS 16166 VILLA VIZCAYA PL
CITY-ST-ZIP DELRAY BEACH FL 33446 ☐ Delete

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

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

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

TITLE TD
NAME LEEDS, ELAINE
STREET ADDRESS 16059 VILLA VIZCAYA PL
CITY-ST-ZIP DELRAY BCH FL 33446 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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 #

2-14-01