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

FILED
Aug 05, 2002 8:00 am
Secretary of State
08-05-2002 90002 018 ****61.25

DOCUMENT # N96000005541

1. Entity Name
VILLA SONRISA FIVE CONDOMINIUM ASSOCIATION, INC.

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2. Principal Place of Business	3. Mailing Address
6352 Shadow Creek Village Cir	P.O. Box 541058
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Worth, Florida	City & State: Lake Worth, Florida
Zip: 33463 Country: U.S.A.	Zip: 33454 Country: U.S.A.

4. FEI Number: 65-0722657 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Kenneth Forman

Street Address (P.O. Box Number is Not Acceptable): 6352 Shadow Creek Village Cicle

City: Lake Worth **FL** Zip Code: 33463

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: Kenneth E. Forman — July 27, 2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	TITLE	
NAME	Kirschner, Kenneth	NAME	
STREET ADDRESS	6576 Villa Sonrisa Drive #1215	STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33433	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	Bierman, Elaine	NAME	
STREET ADDRESS	6568 Villa Sonrisa Drive #1410	STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33433	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	Silverman, Irene	NAME	
STREET ADDRESS	6560 Villa Sonrisa DRive #1312	STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33433	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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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: 8/1/02 561-367-1492