

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**  
 04-04-2000 90015 041 \*\*\*\*61.25

**DOCUMENT #** *N98000005908*  
 1. Entity Name  
*Villa Borghese HOA Inc.*

Principal Place of Business Mailing Address  
*951 Broken Sound Pkwy #250*  
~~Boca Raton, FL 33437~~

2. Principal Place of Business 3. Mailing Address  
*951 Broken Sound Pkwy* *951 Broken Sound Pkwy*  
 Suite, Apt. #, etc. #250 Suite, Apt. #, etc. #250  
 City & State Boca Raton, FL Boca Raton, FL  
 Zip 33487 Country USA Zip 33487 Country USA

4. FEI Number *65-0703946* 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  
*Community Association Svc.*  
*951 Broken Sound Pkwy #250*  
*Boca Raton, FL 33487*

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]* 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	<i>PDST</i>	<input type="checkbox"/> Delete
NAME	<i>Akel, Ramzi</i>	
STREET ADDRESS	<i>3333 S. Congress Ave #403 B</i>	
CITY-ST-ZIP	<i>Delray Beach, FL 33445</i>	
TITLE	<i>VPD</i>	<input type="checkbox"/> Delete
NAME	<i>Scardina, Charles</i>	
STREET ADDRESS	<i>3333 S. Congress Ave #403 B</i>	
CITY-ST-ZIP	<i>Delray Beach, FL 33445</i>	
TITLE	<i>D</i>	<input type="checkbox"/> Delete
NAME	<i>Toni DeGaudio</i>	
STREET ADDRESS	<i>3333 S. Congress Ave #403 B</i>	
CITY-ST-ZIP	<i>Delray Beach, FL 33445</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)