

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90110 016 ****70.00

DOCUMENT # N98000006113

1. Entity Name

BELLA VERDE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1000 CLINT MOORE ROAD
 SUITE 110
 BOCA RATON FL 33487

5295 TOWN CENTER RD
 STE 200
 BOCA RATON FL 33486
 US

2. Principal Place of Business

3. Mailing Address

21045 Commercial Trail
 Suite, Apt. #, etc.

21045 Commercial Trail
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Boca Raton, FL

City & State
Boca Raton FL

4. FEI Number
65-0921487

Applied For
 Not Applicable

Zip
33486

Country
USA

Zip
33486

Country
USA

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

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

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 NAME STREET ADDRESS CITY-ST-ZIP | D BORG, DEAN 1000 CLINT MOORE ROAD, SUITE 110 BOCA RATON FL 33487 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WALSH, NANCY 1000 CLINT MOORE ROAD, SUITE 110 BOCA RATON FL 33487 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRAY, JUDY 1000 CLINT MOORE ROAD, SUITE 110 BOCA RATON FL 33487 | <input type="checkbox"/> Delete |
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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 Block 11 if changed, or on an attachment with an address, with or other like empowered.

SIGNATURE: **JENNIFER ALBA QUJEROME HALPERIN** 1-29-01 561 638 2990
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)