

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90020 039 ****70.00

DOCUMENT # N98000006113

1. Entity Name

BELLA VERDE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**21045 COMMERCIAL TRAIL
 BOCA RATON FL 33486**

**21045 COMMERCIAL TRAIL
 BOCA RATON FL 33486
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0921487

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAM K. ISAACSON,
 C/O LANG MANAGEMENT COMPANY, INC.
 21045 COMMERCIAL TRAIL
 BOCA RATON FL 33486-1006**

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

6180
470-

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	D	<input type="checkbox"/> Delete
NAME	BORG, DEAN	
STREET ADDRESS	1000 CLINT MOORE ROAD, SUITE 110	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALSH, NANCY	
STREET ADDRESS	1000 CLINT MOORE ROAD, SUITE 110	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAY, JUDY	
STREET ADDRESS	1000 CLINT MOORE ROAD, SUITE 110	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roland Haussman	
STREET ADDRESS	7637 Bella Verde way	
CITY-ST-ZIP	Delray Bch FL 33446	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Larry Rosenberg	
STREET ADDRESS	7572 Bella Verde way	
CITY-ST-ZIP	Delray Bch FL 33446	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jerry Halprin	
STREET ADDRESS	7548 Bella Verde way	
CITY-ST-ZIP	Delray Bch FL 33446	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gary Land	
STREET ADDRESS	7668 Bella Verde way	
CITY-ST-ZIP	Delray Bch FL 33446	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bill Eisen	
STREET ADDRESS	7700 Bella Verde way	
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: *Lawrence Rosenberg* **LAURENCE ROSENBERG** 1/27/02

CR2E037 (9/01)