


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90440 047 ****61.25

DOCUMENT # N98000006113

1. Entity Name
BELLA VERDE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**21045 COMMERCIAL TRAIL
BOCA RATON FL 33486**

Mailing Address
**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

Zip

Country

Zip

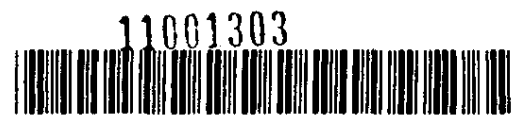
Country

4. FEI Number **65-0921487**

Applied For

Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BORG, DEAN	
STREET ADDRESS	1000 CLINT MOORE ROAD, SUITE 110	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALSH, NANCY	
STREET ADDRESS	1000 CLINT MOORE ROAD, SUITE 110	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRAY, JUDY	
STREET ADDRESS	1000 CLINT MOORE ROAD, SUITE 110	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HAUSSMAN, ROLAND	
STREET ADDRESS	7637 BELLA VERDE WAY	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROSENBERG, LARRY	
STREET ADDRESS	7572 BELLA VERDE WAY	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	T	<input type="checkbox"/> Delete
NAME	HALPRIN, JERRY	
STREET ADDRESS	7548 BELLA VERDE WAY	
CITY-ST-ZIP	DELRAY BEACH FL 33446	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARBER, ROBERT	
STREET ADDRESS	7620 BELLA VERDE WAY	
CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCUS, JEFFREY	
STREET ADDRESS	7556 BELLA VERDE WAY	
CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERRY, LINDSEY	
STREET ADDRESS	7541 BELLA VERDE WAY	
CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBERG, LARRY	
STREET ADDRESS	7572 BELLA VERDE WAY	
CITY-ST-ZIP	DELRAY BEACH, FL 33446	
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 Required

CR2E037 (10/02)