

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **723315**

1. Entity Name

VILLA VALENCIA CONDOMINIUM ASSOCIATION, INC

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90066 042 ****61.25

Principal Place of Business

Mailing Address

~~2200 CORPORATE BLVD~~
~~NW #220~~
~~BOCA RATON FL 33431~~

~~2200 CORPORATE BLVD~~
~~NW #220~~
~~BOCA RATON FL 33431-7007~~
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

c/o Mahogany Services, Inc.
 Suite, Apt. #, etc.
6700 N.W. Broken Sound Pkwy #203
Boca Raton, FL 33487

Suite, Apt. #, etc.

City & State

4. FEI Number

59-1442005

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~BISHOP, TERESA~~
~~MAHOGANY SERVICES INC~~
~~220 CORPORATE BLVD, NW #220~~
~~BOCA RATON FL 33431~~

Name **Pamela J. Mendez**
 Street Address (P.O. Box Number is Not Acceptable)
c/o Mahogany Services, Inc.
6700 N.W. Broken Sound Pkwy #203
 City **Boca Raton, FL 33487 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

Pamela Mendez

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 | PD | <input type="checkbox"/> Delete |
| NAME | PILERIC, B. | |
| STREET ADDRESS | 50 SE 12TH ST. APT 237 | |
| CITY-ST-ZIP | BOCA RATON FL 33432 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | NOLAN, RANDY | |
| STREET ADDRESS | 50 S.E. 12TH STREET - #266 | |
| CITY-ST-ZIP | BOCA RATON FL 33432 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | NORTON, HARRIET | |
| STREET ADDRESS | 50 SE 12TH STREET #164 | |
| CITY-ST-ZIP | BOCA RATON, FL 00000 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | CORNELL, WALTER | |
| STREET ADDRESS | 440 NE 36TH ST. | |
| CITY-ST-ZIP | BOCA RATON, FL 00000 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | WITT, GENIE | |
| STREET ADDRESS | 50 SW 12TH ST #162 | |
| CITY-ST-ZIP | BOCA RATON, FL 00000 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | O'CONNER, MARGA | |
| STREET ADDRESS | 861 N.W. 6TH DRIVE | |
| CITY-ST-ZIP | BOCA RATON, FL 00000 | |

| | |
|----------------|---|
| 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 | |
| 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

Genevieve A. Witt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)