

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

2. Principal Place of Business

3. Mailing Address

c/o Mahogany Services, Inc.

Suite, Apt. #, etc.

6700 N.W. Broken Sound Pkwy #203

City & State

Boca Raton, FL 33487



DO NOT WRITE IN THIS SPACE

Zip Country

Zip Country

4. FEI Number

59-1442005

Applied For

Not Applicable

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	
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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)