## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732878  1. Entity Name					Jan 25, 2000 8:00 am Secretary of State				
TERRA	rranquila improvement a	SSOCIATION, INC				-25-2000 901	•		
Principal Place of Business Mailing Address									
P. O. BOX 27-2984 BOCA RATON FL 33429		P. O. BOX 27-2984 BOCA RATON FL 33427-2984			ยูบบบบบบ≁				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4					plied For t ∸μμ
Zip	Country	Zip	Country	5	. Certificate of	Status Desired		8.75 Add ee Required	
	6. Name and Address of Current R	egistered Agent		7.	Name and A	ddress of New Re	egistered Ag	jent	
	of management of the Committee of the Co		Name	, .		·		A. 4-4-5	<u> </u>
LEWIS, FRANK			Street A	Street Address (P.O. Box Number is Not Acceptable)					
6812 CAL BOCA RA	le del paz north Ton, fl							T 71- 0-4	_
33433			City				FL	Zip Code	•
SIGNATURE	Signature, typed or printed name of registered agent ar	od title if applicable. (NOTE: F	registered Agent signat	uture required when	n reinstating)		DATE		<del> </del>
FILE NOW: FEE IS \$61.25					OO May Be d to Fees Make Check Payable to Department of State				
10.	OFFICERS AND DIRE	CTORS	11.		ITIONS/CHAN	IGES TO OFFICER	RS AND DIRE	CTORS IN	10
TITLE	V	☐ Delete	TITLE	Ţ.				Change	□
NAME	ANDREW GROVENCO		NAME	<b> </b> .					
STREET ADDRESS CITY-ST-ZIP	6741 CALLE DEL PAZ BOCA RATON FL 33433		STREET ADDRESS CITY-ST-ZIP						
TITLE	P	Delete	TITLE	Ρ		<u> </u>	[	Change	Z
NAME	DELVECCHIO, PAUL		NAME	TRACE	7 . 1	DEL PA	- 4/00	774	
STREET ADDRESS CITY-ST-ZIP	6847 CALLE DEC PAZ SOUTH		STREET ADDRESS CITY-ST-ZIP	6943	A PA	GE PA	クタン/マ	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
TITLE	BOCA RATON FL	Delete -	TITLE -	V	14- 14-10	N, FL :		☐ Change	FC2**
NAME	SCHWARTZ, SAUL	D Oblicio	NAME	SHAN	NONTA	RIVERS	•		
STREET ADDRESS	6861 CALLE DEL PAZ S		STREET ADDRESS			E DEC P			<i>t</i>
CITY-ST-ZIP	BOCA RATON FL 33433	<b>—</b>	CITY-ST-ZIP		4 KATI	IN FL			
TITLE NAME	PD   Ciurla, Dennis	☐ Delete	TITLE NAME	D			1	Change Change	L
STREET ADDRESS	6936 CALLE DEL PAZ S		STREET ADDRESS						
CITY-ST-ZIP	BOCA RATON FL 33433		CITY-ST-ZIP	1					
TITLE	D D	Delete	TITLE NAME	EDWA	LD PLO	SKI LE DEL , ON, F-L	_	☐ Change	A diameter
NAME STREET ADDRESS	William Wasko   6823 Calle Del Paz		STREET ADDRESS	6920	CAL	LE DEL	PAZ .	SOUTH	<b>L</b>
CITY-ST-ZIP	BOCA RATON FL 33433		CITY-ST-ZIP	BOW	- RATI	ON, F-L	. 334	133	
TITLE	TD	☐ Delete	TITLE			7		Change	<u> </u>
NAME	LEWIS, FRANK		NAME OTRECT ADDRESS						
STREET ADDRESS CITY-ST-ZIP	6812 CALLE DEL PAZ N   BOCA RATON FL		STREET ADDRESS CITY-ST-ZIP						
	I BOOK INTOIT I L			1	445 5545101	=			

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:** 

561-637-7305

FILED