

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91611 009 \*\*\*\*61.25

**DOCUMENT # 744716**

1. Entity Name

**MODERN VILLAS HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

166 SPARROW DRIVE  
 ROYAL PALM BEACH FL 33411

166 SPARROW DRIVE  
 ROYAL PALM BEACH FL 33411

400040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0686296

Applied For

Not Applicable

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

FERRIN, VIVIAN A  
 188 NATCHEZ TRACE  
 ROYAL PALM BEACH FL 33411

Name **VINCENT N. ROSATI**  
 Street Address (P.O. Box Number is Not Acceptable)  
~~166 SPARROW DR.~~  
**ROYAL PALM BEACH FL 33411**

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 *Vincent N. Rosati*  
 Signature, typed or printed name of registered agent and title if applicable.

4/26/02  
 DATE

(NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	D FERRIN, VIVIAN 188 NATCHEZ TR ROYAL PALM BEACH FL 33411	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARJUCA, SIMONEL 166 SPARROW DRIVE SUITE 7B ROYAL PALM BEACH FL 33411	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILCOX, DOROTHY 166 SPARROW DR, SUITE 7C ROYAL PALM BEACH FL 33411	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTHERLAND, MADRIE 388 LA MANCHA AVE ROYAL PALM BEACH FL 33411	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIFRANSISCO, HOLLY 166 SPARROW DR #3A ROYAL PALM BEACH FL 33411	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINCENT N. ROSATI 166 SPARROW DR. 6-A ROYAL PALM Bch FL 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERONICA WILLIAMS 4-D 166 SPARROW DR. ROYAL PALM Bch FL 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLY DIFRANCESCO 3-A 166 SPARROW DR. ROYAL PALM Bch FL 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHANNA JARRETT 129 GALIANO ST. ROYAL PALM Bch FL 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Vincent N. Rosati*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 (561) 792-6603

CP2E037 (9/01)