2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 17, 2000 8:00 am Secretary of State **DOCUMENT # 745481** 1. Entity Name VERSAILLES VILLAS ASSOCIATION, INC. 05-17-2000 90845 044 ****61.25 Principal Place of Business Mailing Address 1845 N W 4TH AVENUE 1845 N W 4TH AVENUE **BOCA RATON FL 33432** BOCA RATON FL 33432-1511 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1908375 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEL VECCHIO, GEORGE 1745 NW 4TH AVE #5 **BOCA RATON FL 33432** 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. П Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. PRESIDENT Change ☐ Addition **Delete** TITLE TITLE BARBARA MECABE VECCHIO, GEORGE D NAME NAME 1845 NW 4 AUE # 28 STREET ADDRESS 1745 NW 4TH AVE #5 STREET ADDRESS BOCO RATION FL 33432 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** Jean-Marc Gara Bedian Addition ☐ Change Delete TITLE TITLE 1795 NW FAVE # 3 FURGUIELE, ANTHONY NAME NAME STREET ADDRESS STREET ADDRESS 1200 SW 5TH STREET Boca Raton, FL 33432 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON: FL 33432 ~ PHALA HARPER - SELRETARY ☐ Change DT · · TITLE Delete TITLE 1945 NW 4AUE #43 NAME LARGAESPADA, BERNARDO NAME STREET ADDRESS STREET ADORESS 1745 NW 4TH AVE #8 Boca Roton FL 33432 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33432 ☐ Addition Change DS Delete TITLE TITLE MCCABE, BARBARA NAME NAME STREET ADDRESS STREET ADDRESS 1845 NW 4TH AVE #28 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Change ☐ Addition TITLE ☐ Delete TITLE FERREIRA, JOHN NAME NAME STREET ADDRESS 1945 NW 4TH AVE #40 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL** ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attach with all other like empowered.

Daytime Phone #