

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90232 016 ****61.25

DOCUMENT # 745481

1. Entity Name

VERSAILLES VILLAS ASSOCIATION, INC.

Principal Place of Business

**1845 N W 4TH AVENUE
 BOCA RATON FL 33432**

Mailing Address

**1845 N W 4TH AVENUE
 BOCA RATON FL 33432**

00051236



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1908375

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

**DEL VECCHIO, GEORGE
 1745 NW 4TH AVE
 #5
 BOCA RATON FL 33432**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

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 NAME STREET ADDRESS CITY-ST-ZIP	DP VECCHIO, GEORGE D 1745 NW 4TH AVE #5 BOCA RATON FL 33432	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FURGUIELE, ANTHONY 1200 SW 5TH STREET BOCA RATON, FL 33432	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LARGAESPADA, BERNARDO 1745 NW 4TH AVE #8 BOCA RATON FL 33432	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCCABE, BARBARA 1845 NW 4TH AVE #28 BOCA RATON FL 33432	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FERREIRA, JOHN 1945 NW 4TH AVE #40 BOCA RATON FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCCABE, BARBARA 1845 NW 4 AVE #28 BOCA RATON, FL 33432	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ENDARA, MICHAEL 1945 NW 4 AVE #36 BOCA RATON, FL 33432	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SIGLER, JANE 1945 NW 4 AVE #34 BOCA RATON, FL 33432	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HARPER, PHALA 1945 NW 4 AVE #43 BOCA RATON, FL 33432	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEARS, DIANE PO BOX 4203 BOCA RATON, FL 33429	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

SIGNATURES PROVIDED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/01 561-463-0768

CR2E037 (10/00)