2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State
02-27-2002 90066 041 ****61.25

825410

DO NOT WRITE IN THIS SPACE

DOCUMENT # 745481

1. Entity Name
VERSAILLES VILLAS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1845 N W 4TH AVENUE BOCA RATON FL 33432	1845 N W 4TH AVENUE BOCA RATON FL 33432

2. Principal Place of Business	3. Mailing Address
1945 NW 4 AVE	1945 NW 4 AVE
Suite, Apt. #, etc.: 43	Suite, Apt. #, etc.: 43
City & State: Boca Raton FL	City & State: Boca Raton FL
Zip: 33432 Country: Palm Beach	Zip: 33432 Country: Palm Beach

4. FEI Number: 59-1908375 ☐ 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
DEL VECCHIO, GEORGE 1745 NW 4TH AVE #5 BOCA RATON FL 33432	Name: MCCABE, BARBARA Street Address (P.O. Box Number is Not Acceptable): 1845 NW 4 AVE # 28 City: Boca Raton FL Zip Code: 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.

SIGNATURE: Barbara McCabe
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 MCCABE, BARBARA 1845 NW 4 AVENUE # 28 BOCA RATON FL 33432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP - SAME	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP ENDARA, MICHAEL 1945 NW 4 AVENUE # 36 BOCA RATON FL 33432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP - SAME	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SIGLER, JANE 1945 NW 4 AVENUE # 34 BOCA RATON FL 33432	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT HARPER, PHALA 1945 NW 4 AVE #43 Boca Raton FL 33432	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HARPER, PHALA 1945 NW 4 AVENUE # 43 BOCA RATON FL 33432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D.S - SAME	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPEARS, DIANE P.O. BOX 4203 BOCA RATON FL 33429	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHN BREWSTER 1845 NW 4 AVE #27 Boca Raton, FL 33432	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Barbara McCabe (Pres) 1-9-02 213-4830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #