2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753860

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FILED Aug 29, 2003 8:00 am Secretary of State

| VILLA PISAN | II CONDOMINIUM ASSOCIA | ATION, INC. | | | 97 |)2-13-2003 90254 04)8-29-2003 90095 01 | | | |
|--|--|---------------------|---|---|---|--|--------------------|------------|--|
| Principal Place of 445 SE TWENTY-FI DEERFIELD BEACH | FIRST AVE | | - | | | - - | | | |
| 2. Principal Place | e of Business | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, e | etc. | Suite, Apt. #, etc. | | | CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | City & State | | | 4. FEI Number 59-2216358 Applied For Not Applicable | | | | |
| Zip | Country | Zip | Zip Country | | | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | |
| | 6. Name and Address of Current I | | 7. Name and Address of New Registered Agent | | | | | | |
| LANZARO, TED CPA 1300 N. FEDERAL HWY | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| SUITE 202 BOCA RATON FL 33432 | | | | City FL Zip Code | | | | | |
| signature sign | med entity submits this statement for s of registered agent. | Janja & | | d Agent signature requir | | A DATE | • | | |
| FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25 9. Election Campa Trust Fund Cont | | | | * — | \$5.00 May Be Added to Fees Make Check Payable to Florida Department of State | | | | |
| 10. | OFFICERS AND DIR | | 11. | 19 | ADDITIONS/CHANG | ES TO OFFICERS AND DIS | | **** | |
| STREET ADDRESS 44 |) IUSTI, STEVE 15 S.E. 21ST AVE., #205 EERFIELD BEACH FL 33441 | □ Dalete | | E BO ET ADDRESS HS | rdonally Jim rs.e. 21 ⁵⁴ Av evgreld Beac | | (X) Change | ☐ Addition | |
| TITLE VD NAME BR STREET ADDRESS 44 |) Ridgman, Robert 15 S.E. 21st ave., #202 | ☐ Delete | | ET ADDRESS 445 | Heardent ove Gusti s.e. 21 st Ave exceld Bead | 2,#205 | Change | Addition | |
| TITLE ST NAME PIS STREET ADDRESS 44 | EERFIELD BEACH FL 33441 TD SANI, MICHAEL 15 S.E. 21ST AVE., #201 EERFIELD BEACH FL 33441 | . Delete | TITLE NAMI STRE | Sec Et address 443 | orestavy 1 Delarme 15.8. 31 st Av | ė | Change | ☐ Addition | |
| TITLE NAME | ELNFIELD DEACH FL 33441 | Delete | TITLE | | A COC COMO | 00 - 00 - 111 | ☐ 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.

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: \(\(\)

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

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