

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 768721**

1. Entity Name

**VILLA PORTOFINO HOMEOWNERS ASSOCIATION, INC.**

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90008 017 \*\*\*\*61.25

Principal Place of Business

Mailing Address

713 VILLA PORTOFINO CIR  
 DEERFIELD BEACH FL 33442  
 US

7040 W PALMETTO PARK RD  
 SUITE 4 BOX 523  
 BOCA RATON FL 33433-3483  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2501056**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**AJ WALLACE MGT  
 ROBERT BENJAMIN  
 10660 MAPLE CHASE WAY  
 BOCA RATON FL 33428**

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          | VD                         | <input type="checkbox"/> Delete |
| NAME           | CHESTER, JOHN              |                                 |
| STREET ADDRESS | 749 VILA PORTOFINO CIR     |                                 |
| CITY-ST-ZIP    | BOCA RATON FL 33442        |                                 |
| TITLE          | SD                         | <input type="checkbox"/> Delete |
| NAME           | KRAMAER, ERNEST            |                                 |
| STREET ADDRESS | 775 VILLA PORTOFINO CIR    |                                 |
| CITY-ST-ZIP    | DEERFIELD BEACH FL 33442   |                                 |
| TITLE          | TD                         | <input type="checkbox"/> Delete |
| NAME           | RICCAROI, SHARON           |                                 |
| STREET ADDRESS | 757 VILLA PORTOFINO CIR    |                                 |
| CITY-ST-ZIP    | DEERFIELD BEACH FL 33442   |                                 |
| TITLE          | D                          | <input type="checkbox"/> Delete |
| NAME           | CARDARO, THOMAS            |                                 |
| STREET ADDRESS | 783 VILLA POROFINO CIR     |                                 |
| CITY-ST-ZIP    | DEERFIELD BCH FL 33442     |                                 |
| TITLE          | PD                         | <input type="checkbox"/> Delete |
| NAME           | SEGERS, WILLIAM            |                                 |
| STREET ADDRESS | 713 VILLA PORTOFINO CIRCLE |                                 |
| CITY-ST-ZIP    | DEERFIELD BEACH FL 33442   |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | D                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Tattleman, Bob            |  |
| STREET ADDRESS | 763 Villa Portofino Cir.  |  |
| CITY-ST-ZIP    | Deerfield Beach, FL 33442 |  |
| TITLE          | D                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Neiman, Anna Marie        |  |
| STREET ADDRESS | 797 Villa Portofino Cir.  |  |
| CITY-ST-ZIP    | Deerfield Beach, FL 33442 |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| 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 attachment with an address, with all other like empowered.

SIGNATURE: *William Segers (pres.)* Date: 2/15/00 (954) 427-9271  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)