

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768721

1. Entity Name

VILLA PORTOFINO HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

713 VILLA PORTOFINO CIR  
DEERFIELD BEACH FL 33442  
US

Mailing Address

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

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	SEGRS, 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		
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 (pre)* 2/15/00 (99) 427-9571  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)