

4/1/

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-01-2002 90670 018 ****61.25

DOCUMENT # NO1000002449

1. Entity Name

MARIPOSA POINTE AT WESTON TOWN CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

THE ARVIDA COMPANY
 7900 GLADES ROAD, SUITE 200
 BOCA RATON FL 33434

THE ARVIDA COMPANY
 7900 GLADES ROAD, SUITE 200
 BOCA RATON FL 33434

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1074554

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

Name

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

City

FL

Zip Code

BARIC, JOHN ESQ.
 7900 GLADES ROAD
 SUITE 200
 BOCA RATON FL 33434

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 PD ☐ Delete
 NAME CAPITENA, RONALD
 STREET ADDRESS 1205 ARVIDA PARKWAY
 CITY-ST-ZIP WESTON FL 33327

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 2900 Glades Circle
 CITY-ST-ZIP Weston, FL 33327

TITLE VPD ☒ Delete
 NAME TACHINI, MIKE
 STREET ADDRESS 1205 ARVIDA PARKWAY
 CITY-ST-ZIP WESTON FL 33327

TITLE VPD ☐ Change ☒ Addition
 NAME Richard Rodriguez
 STREET ADDRESS 2900 Glades Circle
 CITY-ST-ZIP Weston, FL 33327

TITLE STD ☒ Delete
 NAME PASKOW, RAY
 STREET ADDRESS 1205 ARVIDA PARKWAY
 CITY-ST-ZIP WESTON FL 33327

TITLE STD ☐ Change ☒ Addition
 NAME William Petkoski
 STREET ADDRESS 2900 Glades Circle
 CITY-ST-ZIP Weston, FL 33327

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/02

Date

(954) 347-8126

Daytime Phone #

CR2E037 (9/01)