FILED

Jul 10, 2003 8:00 am

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

## **Secretary of State** DOCUMENT # N0200007869 07-10-2003 90120 008 \*\*\*\*61.25 1. Entity Name VILLAS DE LA COSTA CONDOMINIUM ASSOCIATION II, 1 Principal Place of Business Mailing Address 538 N.E. 48TH STREET 538 N.E. 48TH STREET BOCA-RATON: FL-33431-BOCA-RATON-FL-33431 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number City & State Applied For *05-*0543660 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent UTRECHT, STEVEN T Street Address (P.O. Box Number is Not Acceptable) ONE EXECUTIVE COURT, SUITE 211 2295 CORPORATE BOULEVARD NORTHWEST **BOCA RATON FL 33431** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. After September 10, 2003, min will be \$236.25 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PSTD TITLE ☐ Delete TITLE ☐ Change ☐ Addition CURTIS, WILLIAM C NAME STREET ADDRESS 538 N.E. 48TH STREET STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition MANGS, JOHAN F NAME NAME 540 NE 48TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SNOW, WILLIAM P NAME NAME 90 SW 11TH AVENUE STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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.

NAME

TITLE

NAME STREET ADDRESS

TITLE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Detete

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: WILLIAM COUNTS

NAME

NAME

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

7/7/03

(56) 394-3053

☐ Change

Change

Addition

☐ Addition