


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90415 020 ****61.25

DOCUMENT # N03554 1. Entity Name VILLA FLORA AT BOCA POINTE HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 11784 W SAMPLE RD CORAL SPRINGS, FL 33065 US	Mailing Address 11784 W SAMPLE RD CORAL SPRINGS, FL 33065 US
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50008831



03132006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2739558	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent UNITED COMMUNITY MGMT CORP 11784 W SAMPLE RD CORAL SPRINGS, FL 33065

**DO NOT WRITE
IN THIS SPACE**

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) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GILBERT, GARY 6579 VIA BENITA BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EHRlich, GAIL 6450 VIA ROSA BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUTCHIK, BERNADETTE 6556 VIA BENITA BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WINTHROP, RICHARD 6477 VIA ROSA BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEIGEL, SHELDON 6491 VIA ROSA BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TARSHIS, ALVIN 6438 VIA ROST BOCA RATON, FL 33433

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Gary Gilbert Treas.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____