

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90095 007 \*\*\*\*61.25

**DOCUMENT # N17835**

1. Entity Name

**VILLA SAN REMO HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**951 BROKEN SOUND PARKWAY  
 STE. #250  
 BOCA RATON FL 33487**

**951 BROKEN SOUND PARKWAY  
 STE. #250  
 BOCA RATON FL 33487**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0023929**

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

**COMMUNITY ASSOCIATION SERVICES  
 951 BROKEN SOUND PARKWAY  
 STE. #250  
 BOCA RATON FL 33487**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	PUSANIK, LUKE	
STREET ADDRESS	8291 VIA BELLA	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	EVANS, MARTIN	
STREET ADDRESS	8295 VIA BELLA	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHNEIDER, JACK	
STREET ADDRESS	8608 VIA GIULIA	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CANGIALOSI, LAURA	
STREET ADDRESS	8460 VIA ROMANA #1	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUDD, LEON	
STREET ADDRESS	8664 VIA REALE, #1	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FITZGERALD, THOMAS	
STREET ADDRESS	9815 ERICA COURT	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERRON, ALTA	
STREET ADDRESS	8699 VIA GIULIA	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVY, RICHARD	
STREET ADDRESS	8248 VIA BELLA	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARJE, ESTELLE	
STREET ADDRESS	8650 VIA GIULIA	
CITY-ST-ZIP	BOCA RATON, FL 33496	
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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 11, 2001  
 Date Daytime Phone #

CR2E037 (10/00)