

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**


0038379

**DOCUMENT # N17835**

1. Entity Name

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

04-11-2002 90701 050 \*\*\*\*61.25

Principal Place of Business 531 BROKEN SOUND PARKWAY STE: #250 BOCA RATON FL 33487		Mailing Address Villa San Remo HOA Community Association Services, Inc. 951 Broken Sound Parkway, Ste 250 Boca Raton, FL 33487 561-994-1788		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 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 <input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, P.A. C/O PETER MOLLENGARDEN, ESQ. 500 AUSTRALIAN AVE. SO., 9TH FLOOR WEST PALM BEACH FL 33401		7. Name and Address of New Registered Agent Name: Gary Budd Street Address (P.O. Box Number is Not Acceptable): Community Association Services, Inc. 951 Broken Sound Parkway, Ste 250 Boca Raton, FL 33487 561-994-1788 Zip Code:		
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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: Gary Budd Agent DATE: 4/3/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: RUDD, LEON STREET ADDRESS: 8664 VIA REALE #1 CITY-ST-ZIP: BOCA RATON FL 33496	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: Jerome Millman STREET ADDRESS: 8178 Via Di Veneto CITY-ST-ZIP: Boca Raton, FL 33496	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: FITZGERALD, THOMAS STREET ADDRESS: 9815 ERICEA CRT CITY-ST-ZIP: BOCA RATON FL 33496	<input checked="" type="checkbox"/> Delete	TITLE: VPD NAME: Martin Evans STREET ADDRESS: 8285 Via Bella CITY-ST-ZIP: Boca Raton, FL 33496	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: PERRON, ALTA STREET ADDRESS: 8699 VIA GLULIA CITY-ST-ZIP: BOCA RATON FL 33496	<input checked="" type="checkbox"/> Delete	TITLE: 2VPD NAME: June Rothberg STREET ADDRESS: 8668 Via Giulia CITY-ST-ZIP: Boca Raton, FL 33496	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DVP NAME: LEVY, RICHARD STREET ADDRESS: 8248 VIA BELLA CITY-ST-ZIP: BOCA RATON FL 33496	<input checked="" type="checkbox"/> Delete	TITLE: TD NAME: Louise Albright STREET ADDRESS: 8597 Via Giulia CITY-ST-ZIP: Boca Raton, FL 33496	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DVP NAME: ARJE, ESTELLE STREET ADDRESS: 8650 VIA GLULIA CITY-ST-ZIP: BOCA RATON FL 33496	<input checked="" type="checkbox"/> Delete	TITLE: SD NAME: Robert F. Kins STREET ADDRESS: 8208 Via Di Veneto CITY-ST-ZIP: Boca Raton, FL 33496	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Louise Albright DATE: 4/2/02 (561) 477-7720  
Signature and typed or printed name of signing officer or director

CPPE037 (9/01)