

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

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90127 034 ****61.25

DOCUMENT # N17835

1. Entity Name

VILLA SAN REMO HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number **65-0023929**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ST. JOHN, CORE FIORE & LEMME, P.A.
500 AUSTRALIAN AVE., SOUTH, STE 600
WEST PALM BEACH FL 33401**

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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | MILLMAN, JEROME | |
| STREET ADDRESS | 8178 VI DE VENETO | |
| CITY-ST-ZIP | BOCA RATON FL 33496 | |
| TITLE | VPD | <input checked="" type="checkbox"/> Delete |
| NAME | EVANS, MARTIN | |
| STREET ADDRESS | 8285 VIA BELLA | |
| CITY-ST-ZIP | BOCA RATON FL 33496 | |
| TITLE | 2VP | <input checked="" type="checkbox"/> Delete |
| NAME | ROTHBERG, JUNE | |
| STREET ADDRESS | 8668 VIA GIULIA | |
| CITY-ST-ZIP | BOCA RATON FL 33496 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | ALBRIGHT, LOUISE | |
| STREET ADDRESS | 8597 VIA GIULIA | |
| CITY-ST-ZIP | BOCA RATON FL 33496 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | IKINS, ROBERT F | |
| STREET ADDRESS | 8208 VIA DI VENETO | |
| CITY-ST-ZIP | BOCA RATON FL 33496 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | | |
|----------------|----------------------|--|--|
| TITLE | PD | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | GARCIA, RAYSA | | |
| STREET ADDRESS | 8723 VIA GIULIA | | |
| CITY-ST-ZIP | BOCA RATON, FL 33496 | | |
| TITLE | VPD | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | DEBOLD, FRANK | | |
| STREET ADDRESS | 8602 VIA GIULIA | | |
| CITY-ST-ZIP | BOCA RATON, FL 33496 | | |
| TITLE | VPD | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | CLARKE, WILLIAM | | |
| STREET ADDRESS | 18421 VIA DISORRENTO | | |
| CITY-ST-ZIP | BOCA RATON, FL 33496 | | |
| TITLE | TD | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | MEDWICK, MELVIN | | |
| STREET ADDRESS | 8658 VIA REALE #3 | | |
| CITY-ST-ZIP | BOCA RATON, FL 33496 | | |
| TITLE | SD | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | FILKINS, ROBERT | | |
| STREET ADDRESS | 8208 VIA DI VENETO | | |
| 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

Rayssa Garcia 4/1/03

CR2E037 (10/02)