

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90964 023 ****61.25

DOCUMENT # N18172

1. Entity Name

VILLA PORTOFINO II HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O RESIDENTIAL MANAGEMENT
P.O. BOX 97-0069
BOCA RATON FL 33497-0069

2. Principal Place of Business

4350 NW 19th Ave

3. Mailing Address

Suite, Apt. #, etc.

Ste C

Suite, Apt. #, etc.

City & State

Pompano Beach FL

City & State

4. FEI Number

65-0054368

Applied For

Not Applicable

Zip

33064

Country

BROWARD

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

PALOMBI, GARY

4350 NW 19th Ave Ste C

Pompano Beach FL 33064

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
NAME DELUCA, JOE
STREET ADDRESS 9044 VILLA PORTOFINO CIRCLE
CITY-ST-ZIP BOCA RATON FL

☐ Delete

TITLE **SD**
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE VD
NAME ANZALONE, JOE
STREET ADDRESS 9080 VILLA PORTOFINO CIR
CITY-ST-ZIP BOCA RATON FL 33496

☐ Delete

TITLE **SD**
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE TD
NAME MEYERSON, ELY
STREET ADDRESS 9088 VILLA PORTOFINO CIRCLE
CITY-ST-ZIP BOCA RATON FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME QUINN, ANDREW
STREET ADDRESS 9000 VILLA PORTOFINO CIRCLE
CITY-ST-ZIP BOCA RATON FL 33496

☒ Delete

TITLE **VD**
NAME Daniel Jawlewicz
STREET ADDRESS 9132 VILLA PORTOFINO CIR.
CITY-ST-ZIP BOCA RATON FL 33496

☐ Change ☒ Addition

TITLE SD
NAME BIERNE, MARTIN DR
STREET ADDRESS 9048 VILLA PORTOFINO CIR
CITY-ST-ZIP BOCA RATON FL

☐ Delete

TITLE **TD**
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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.

SIGNATURE

Joseph Anzalone 4-18-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)