

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90264 037 ****61.25

DOCUMENT # N18172

1. Entity Name
VILLA PORTOFINO II HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**4350 NW 19TH AVENUE
SUITE C
POMPANO BEACH FL 33064
US**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0054368

Applied For

Not Applicable

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

**PALOMBI, GARY
4350 NW 19TH AVENUE
SUITE C
POMPANO BEACH FL 33064**

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

TITLE **D Jim Buckley** ☐ Change ☒ Addition
NAME **9112 VILLA PORTOFINO CIR**
STREET ADDRESS **BOCA RATON FL 33496**
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **ANZALONE, JOE**
STREET ADDRESS **9080 VILLA PORTOFINO CIR**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **D Sonja Goldstein** ☐ Change ☒ Addition
NAME **9028 VILLA PORTOFINO CIR**
STREET ADDRESS **BOCA RATON FL 33496**
CITY-ST-ZIP

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

TITLE **TD Chet Rosenbaum** ☐ Change ☒ Addition
NAME **9120 VILLA PORTOFINO CIR**
STREET ADDRESS **BOCA RATON FL 33496**
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **BIERNE, MARTIN DR**
STREET ADDRESS **9048 VILLA PORTOFINO CIR**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **LEWELEWICZ, DANIEL**
STREET ADDRESS **9132 VILLA PORTOFINO CIRCLE**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

CHET ROSENBAUM TREASURER 4/10/03

CR2E037 (10/02)