

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26437

1. Entity Name

VILLA POINTE RECREATION AREA ASSOCIATION, INC.

Principal Place of Business

COMPU COUNTING INC
3095 S MILITARY TRAIL, SUITE 5
LAKE WORTH FL 33463
US

Mailing Address

3095 S MILITARY TRAIL
SUITE 5
LAKE WORTH FL 33463-2108
US

2. Principal Place of Business

Budget Prop. Mgmt. Srvc. Inc. Same

Suite, Apt. #, etc.

3141 S. Military Trail

City & State

Lake Worth, FL. 33463

3. Mailing Address

Suite, Apt. #, etc.

City & State



REINSTATEMENT

4. FEI Number

65-0136100

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COMPU-COUNTING INC
3095 S MILITARY TRAIL
SUITE 5
LAKE WORTH FL 33463

7. Name and Address of New Registered Agent

ST. John, Dicker, ~~Caplan~~ Krivok & Core, P.A.

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

500 Australian Ave. South

Suite - 600-0001

City

West Palm Beach

FL 33401

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

David Shalh

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/5/01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT GARDELLA, MAUREEN 1981 MONKS CT W PALM BCH FL 33415	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELSBERRY, JAMES 1985 MONKS CT W PALM BCH FL 33415	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSCAR, CORIA 1991 MONKS ST W PALM BCH FL 33415	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WYMAN, ROBERT 3095 S MILITARY TRAIL LAKE WORTH FL 33463	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SUSAN TAYLOR 5532 GOLDEN EAGLE CIR. PALM BEACH GARDENS, FL. 33418	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CATHY ANN OLES 1951 MONKS COURT WEST PALM BEACH, FL. 33415	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCIS MARKLE 1922 MONKS COURT WEST PALM BEACH, FL. 33415	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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)(f), 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

1-25-01

Date

561-642-5080

Daytime Phone #

CP2037 (9/99)

2/23