

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N26465**

1. Entity Name

**VILLA SAN REMO CONDOMINIUM I ASSOCIATION, INC.**

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90047 026 \*\*\*\*61.25

Principal Place of Business	Mailing Address
951 BROKEN SOUND PKWY STE - 250 BOCA RATON FL 33487 US	951 BROKEN SOUND PKWY STE - 250 BOCA RATON FL 33487-3506 US



DO NOT WRITE IN THIS SPACE

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	Applied For
<b>65-0399835</b>	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	---

**6. Name and Address of Current Registered Agent**

**COMMUNITY ASSOCIATION SERRICES INC**  
**951 BROKEN SOUND PKWY**  
**STE - 250**  
**BOCA RATON FL 33487**

**7. Name and Address of New Registered Agent**

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.

SIGNATURE \_\_\_\_\_ (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**

TITLE	<b>VTD</b>	<input type="checkbox"/> Delete
NAME	<b>STANLEY, SAUAL</b>	
STREET ADDRESS	<b>8670 VIA REALE, #1</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>SHIRLEY VAN HOFF</b>	
STREET ADDRESS	<b>951 BROKEN SOUND PKWY</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BORDEN, SHERWIN</b>	
STREET ADDRESS	<b>8676 VIA REALE #STE - 1</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>BECKER, MARTIN</b>	
STREET ADDRESS	<b>8653 VIA REALE, #2</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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]* **3-8-00**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)