

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91586 037 \*\*\*\*61.25

**DOCUMENT # N26465**  
 1. Entity Name  
**VILLA SAN REMO CONDOMINIUM I ASSOCIATION, INC.**

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

4. FEI Number      Applied For  
**65-0399835**       Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**COMMUNITY ASSOCIATION SERVICES 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VTD<br>STANLEY, SAUAL<br>8670 VIA REALE, #1<br>BOCA RATON FL 33496      | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>SHIRLEY VAN HOFF<br>951 BROKEN SOUND PKWY<br>BOCA RATON FL        | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BORDEN, SHERWIN<br>8676 VIA REALE #STE - 1<br>BOCA RATON FL 33496 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>BECKER, MARTIN<br>8653 VIA REALE, #2<br>BOCA RATON FL 33496       | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |  |
|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>LEWIS, HOWARD P.<br>8640 VIA REALE, #1<br>BOCA RATON, FL 33496 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | T.D<br>WEISS, IRWIN J.<br>8653 VIA REALE, #1<br>BOCA RATON, FL 33496 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VPD<br>SAUAL, STANLEY<br>8670 VIA REALE, #1<br>BOCA RATON, FL 33496  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VPD<br>EDELSON, ALBERT<br>8647 VIA REALE #1<br>BOCA RATON, FL 33496  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: \_\_\_\_\_      Date: **4/30/01**      Daytime Phone # \_\_\_\_\_

CR2E037 (10/00)