


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

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90144 024 ****61.25

DOCUMENT # N47145

1. Entity Name
VILLA SAN REMO, NEIGHBORHOOD A HOMEOWNERS ASSOCIATION INC.



Principal Place of Business Mailing Address

**9070 KIMBERLY BLVD
SUITE 114 N 27
BOCA RATON FL 33434
US**

**9070 KIMBERLY RD
STE 114 N27
BOCA RATON FL 33434
US**



CHECK HERE IF MAKING CHANGES

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 **65-0324762** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HEEMSKERK, PAUL
9758 ERICA CT
BOCA RATON FL 33496**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Paul Heemskerk* **Paul Heemskerk** *Treasurer* 2-3-03 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	HEEMSKERK, PAUL	
STREET ADDRESS	9758 ERICA CT	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GOLDBERG, KEN	
STREET ADDRESS	9799 ERICA CT	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SPINAZZE, JOHN	
STREET ADDRESS	9722 ERICA CT.	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Theresa Maia	
STREET ADDRESS	9863 ERICA CT	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marilyn Gordon	
STREET ADDRESS	9875 ERICA CT	
CITY-ST-ZIP	BOCA RATON, FL 33496	
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: *Paul Heemskerk* **Paul Heemskerk** *Treasurer* 2-3-03 DATE 561 732 6896

CR2E037 (10/02)