

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90112 033 ****61.25

DOCUMENT # N94000001164

1. Entity Name

VILLA SAN REMO CONDOMINIUM II ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% GREENLITE PROPERTY MGMT.
 141 NW 20TH ST. STE F-2
 BOCA RATON FL 33431

% GREENLITE PROPERTY MGMT.
 141 NW 20TH ST. STE F-2
 BOCA RATON FL 33431-7963

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

65-0399835

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAPLAN, LOU
ST. JOHN, DICKER & CAPLAN
500 AUSTRALIAN AVE. SOUTH, STE. 600
WEST PALM BEACH FL 33401

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 _____

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **RUTT, JACK**
 STREET ADDRESS **12620-1 TIBOLE CHASE CT**
 CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **President** Change Addition
 NAME **Pracilyn Newman**
 STREET ADDRESS **8511 VIA ROMANA #1**
 CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **VST** Delete
 NAME **KONST, CHRISTOPHER**
 STREET ADDRESS **12613 RCMO CT.**
 CITY-ST-ZIP **BOCA RATON FL 33496**

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

TITLE **TD** Delete
 NAME **APOSTOL, JOHN**
 STREET ADDRESS **8550 VIA ROMANO #2**
 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 _____

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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: _____

Signature of Jack Rutt, President 3/26/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)