FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # N95000004112

1. Corporation Name

VILLA MONTEVERDE PROPERTY OWNERS ASSOCIATION, IN

Principal Place of Business
1000 CLINT MOORE RD
SUITE 100
BOCA RATON FL 33487

2. Principal Place of Business

Suite, Apt. #, etc.

21

22

Mailing Address

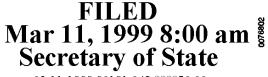
2a. Mailing Address

Suite, Apt. #, etc.

5295 TOUWN CENTER RD STE 200 **BOCA RATON FL 33486**

26

27



03-11-1999 90191 042 ****70.00

Applied For

75 Additional

Not Applicable

Date Incorporated or Qualifed

08/28/1995

4. FEI Number 65-0602484

City & State	•	City & State			5. Certifcate of Status Desired	. *	Fee Red			
23		28						<u></u>		
Zip	Country	L Zip _	Country		6. Election Campaign Financing		55.00 ı	, ,		
24	25 29 30			Trust Fund Contribution		Added to	rees			
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent										
			81	Name						
ISAACSON	N, WILLAIM		82	Street A	Address (P.O. Box Number is Not Acceptable)					
5295 TOWN CENTER RD			L							
STE 200			83							
BOCA RA	TON FL 33486		84	City		. 8	5 Zip C	ode		
						FL 📗				
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	gistered Ager	it signature re	quired when reinstating) DA1					
12.	OFFICERS AND	~~~	13.		ADDITIONS/CHANGES TO OFFICER					
TITLE	PD	☐ DELETE	1.1 TITLE		SD	Ц	Change	Addition		
NAME	GLADSTONE, FRED		1.2 NAME	1	IRA CITRON					
STREET ADDRESS	16046 VIA MONTEVERDE		1.3 STREET	ADDRESS	16106 VIA MONTEVERD	\mathbf{E}				
CITY-ST-ZIP	DELRAY BEACH FL 33446		1.4 CITY-S	T-ZIP	DELRAY BEACH, FL. 3	<u> 3446</u>				
TITLE	VD	☐ DELETE	2.1 TITLE	1		Ц	Change	☐ Addition		
NAME	DEMET, MICHAEL		2.2 NAME							
STREET ADDRESS	10694 VIA MONTEVERDE		2.3 STREE	ADDRESS	h			-		
CITY-ST-ZIP	DELRAY BEACH FL 33446		2. 4 CITY-S	T-ZIP				C 4 4 (0)		
TITLE	VD	☐ DELETE	3.1 TITLE			L	Change	Addition		
NAME	WHITE, PAT		3.2 NAME							
STREET ADDRESS	16047 VIA MONTEVERDE		3.3 STREE	ADDRESS						
CITY-ST-ZIP	DELRAY BEACH FL 33446		3.4. CITY-5	T-ZIP						
TITLE	SD	▼ DELETE	4.1 TITLE	į			Change	Addition		
NAME	MANES, MORTON		4. 2 NAME							
STREET ADDRESS	16058 VIA MONTEVERDE		4.3 STREE	TADORESS						
CITY-ST-ZIP	DELRAY BEACH FL 33446		4.4 CITY-S	T-ZIP						
TITLE (TD	☐ DELETE	5.1 TITLE				Change	☐ Addition		
NAME	ORATZ, MURRAY		5.2 NAMÉ							
STREET ADDRESS	16154 VIA MONTEVERDE		5.3 STREE	TADDRESS						
CITY-ST-ZIP	DELRAY BEACH FL 33446		5.4 CITY-S	T-ZIP				53. (100)		
TITLE		☐ DELETE	6.1 TTLE				Change	☐ Addition		
NAME			6.2 NAME				•			
STREET ADORESS			6.3 STREE	TADDRESS						
CITY-ST-ZIP			6.4 C/TY-S	. —						
14. I hereby o	certify that the information supplied with	this filing does not qualify for th	e exempt	ion stated	in Section 119.07(3)(i), Florida Statutes. I furthe	er certify t	nat the ir	normation		

indicated on this annual report or supplemental annual 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 receiverlor trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #