

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

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90061 029 ****70.00

DOCUMENT # N95000004112

1. Entity Name

VILLA MONTEVERDE PROPERTY OWNERS ASSOCIATION, IN C.



Principal Place of Business

**21045 COMMERCIAL TRAIL
#200
BOCA RATON FL 33486**

Mailing Address

**21045 COMMERCIAL TRAIL
#200
BOCA RATON FL 33486
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0602484**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAM K. ISAACSON,
21045 COMMERCIAL TRAIL
STE 200
BOCA RATON FL 33486**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when relistating)

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLADSTONE, FRED 16046 VIA MONTEVERDE DELRAY BEACH FL 33446	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ORATZ, MURRAY 16154 VIA MONTEVERDE DELRAY BEACH, FL 33446	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEMET, MICHAEL 10694 VIA MONTEVERDE DELRAY BEACH FL 33446	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MIRONOV, DANIEL 16124 VIA MONTEVERDE DELRAY BEACH, FL 33446	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITE, PAT 16047 VIA MONTEVERDE DELRAY BEACH FL 33446	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CITROW, IRA 16106 VIA MONTEVERDE DELRAY BEACH FL 33446	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CITRON, IRA 16106 VIA MONTE VERDE DELRAY BEACH FL 33446	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

SIGNATURE REQUIRED

2/17 SD 6374637

CR2E037 (10/02)