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

## DOCUMENT # N9700001074

1. Entity Name

VIA MARINA HOMEOWNERS ASSOCIATION, INC.

						1	E 183				
248 VENETIAN DRIVE 24 DELRAY BEACH FL 33483 DE			248 VE	Mailing Address 248 VENETIAN DRIVE DELRAY BEACH FL 33483 US					111 1 <b>20</b> 11 <b>20</b> 11 <b>20</b> 11 <b>20</b> 11 <b>20</b> 21 <b>2</b>	118£ 11811 <b>8</b> 3111 11	<b>a</b> (1 <b>1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</b>
2. Principal P	Place of Business		3. Mail	ing Address							
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State			Cit	City & State				4. FEI Number <b>59-3500174</b>			oplied For
Zip Country			Zip			Country		5. Certificate of St	tatus Desired	\$8.75 Add	ditional
6. Name and Address of Current Register					· · ·		7. Name and Address of New Registered Agent				
	b. Name and	Address of Current	negistere	a Agent		Name		7. Name and Add	HESS OF NEW Negistered	Agent	
Warner, Kevin P						Street Address (P.O. Box Number is Not Accep					
	etian dr. Beach FL 3346	3									
8. The above ramed entity submits this statement for the pu					City			FI			
SIGNATURE		ted name of registered agent	and title if app	licable. (NOTE	: Registere	d Agent signa	ture required	d when reinstating)	DATE		
FILE NOW: FEE IS \$61.25				9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees	Make Chec Florida Depa		
10.		OFFICERS AND DI	RECTORS		11.		,	ADDITIONS/CHANG	ES TO OFFICERS AND D	IRECTORS IN	Ī 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Warner, Kev 248 Venetian Delray Beac	DRIVE		☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WARNER, JOH 256 VENETIAN DELRAY BEAC	N DRIVE		☐ Delete			·			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUCHART, ED 250 VENETIAN DELRAY BEAC	WARD DR		Delete			50 50 24 24 30	HUMANN = VENETIA BAY BENC	MARK NDRIVE H,FL 33483	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			.,	☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS				☐ Delete	TITL NAM STRI					☐ Change	☐ Addition

**FILED** 

Jan 06, 2003 8:00 am Secretary of State 01-06-2003 90041 007 \*\*\*\*61.25

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: