

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

05-05-2003 91847 019 ****61.25

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

DOCUMENT # N97000003859

1. Entity Name

FAVALE ESTATES HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5174 CLOVER CREEK DRIVE

Suite, Apt #, etc

3. Mailing Address

5174 CLOVER CREEK DRIVE

Suite, Apt. #, etc,

DO NOT WRITE IN THIS SPACE

City & State
BOYNTON BEACH, FL

City & State
BOYNTON BEACH, FL

4. FEI Number
65-0790422

Applied For
Not Applicable

Zip
33437-1652

Country

Zip
33437-1652

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

RODRIGO POSADA

Street Address (P.O. Box Number is Not Acceptable)

715 N BEL AIR DRIVE

City
PLANTATION

FL **Zip Code**
33317

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 reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FAVALE, RAFFAEL
5174 CLOVER CREEK DRIVE
BOYNTON BEACH, FL 33437

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FAVALE, RUDOLFO
6846 SUGARLOAF KEY ST
LAKE WORTH, FL 33467

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FAVALE, MAURICIO
54 VIA DE CASAS
BOYNTON BEACH, FL 33435

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:  **MAURICIO FAVALE**

4/30/2003

561-265-2171