

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90044 003 ****61.25

**2004 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

94033199



DOCUMENT # N98000005908					
1. Entity Name VILLA BORGHESE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 6750 VIA VILLA BORGHESE DELRAY BEACH, FL 33446			Mailing Address 6750 VIA VILLA BORGHESE DELRAY BEACH, FL 33446		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1007304	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JOSHUA G. GERSTIN, P.A. 1515 N. FEDERAL HIGHWAY SUITE 300 BOCA RATON, FL 33432			Name Joshua Gerstin, Esq. Street Address (P.O. Box Number is Not Acceptable) 399 West Palmetto Park Rd, Ste 108 Boca Raton, City FL Zip Code 33432		
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		Joshua Gerstin, Esq.		DATE 3/3/04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 PD	<input checked="" type="checkbox"/> Delete NAME GELLER, DON STREET ADDRESS 6800 VIA ELIZABETH CITY-ST-ZIP DELRAY BEACH, FL 33446	TITLE PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME KAHN, HAROLD STREET ADDRESS 13884 VIA NIDIA CITY-ST-ZIP DELRAY BEACH, FL 33446		
TITLE PD	<input checked="" type="checkbox"/> Delete NAME KAHN, HAROLD STREET ADDRESS 13884 VIA NIDIA CITY-ST-ZIP DELRAY BEACH, FL 33446	TITLE 1ST VICE PRESIDENT / DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STEINMAN, JUDITH STREET ADDRESS 7437 VIALE MICHELANGELO CITY-ST-ZIP DELRAY BEACH, FL 33446		
TITLE PD	<input type="checkbox"/> Delete NAME GUTOWITZ, ARTHUR STREET ADDRESS 13897 VIA NIDIA CITY-ST-ZIP DELRAY BEACH, FL 33446	TITLE TREASURER / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME GUTOWITZ, ARTHUR STREET ADDRESS 13897 VIA NIDIA CITY-ST-ZIP DELRAY BEACH, FL 33446		
TITLE PD	<input type="checkbox"/> Delete NAME BRAEMAN, GERALD STREET ADDRESS 6555 VIA VICENZA CITY-ST-ZIP DELRAY BEACH, FL 33446	TITLE SECRETARY / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE PD	<input checked="" type="checkbox"/> Delete NAME KRASNSE, ROBERT STREET ADDRESS 6767 VIA ELIZABETH CITY-ST-ZIP DELRAY BEACH, FL 33446	TITLE 2ND VP / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME FRANCES BERNSTEIN STREET ADDRESS 6911 VIALE ELIZABETH CITY-ST-ZIP DELRAY BEACH, FL 33446		
TITLE D	<input type="checkbox"/> Delete NAME AUSREBACH, MICHAEL STREET ADDRESS 6743 VIA ELIZABETH CITY-ST-ZIP DELRAY BEACH, FL 33446	TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME AUERBACH, MICHAEL		
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:		Arthur Gutowitz		DATE 3/15/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					