

2000 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 17, 2000 8:00 am
Secretary of State

03-06-2000 90120 003 ****61.25

DOCUMENT # N99000000262

1. Entity Name

VILLA SAN REMO NEIGHBORHOOD "B" HOMEOWNERS' ASSO

Principal Place of Business

Mailing Address

% JARED BEDICK
 8632 VIA GIULIA
 BOCA RATON FL 33496

% JARED BEDICK
 8632 VIA GIULIA
 BOCA RATON FL 33496-1906

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

951 Broken Sound Pkwy

#250

Boca Raton, FL

33487

Palm Bch



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0914092

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

BEDICK, JARED
 8632 VIA GIULIA
 BOCA RATON FL 33496

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD STD	SCHNEIDER, JACK	8608 VIA GIULIA	BOCA RATON FL 33496	<input type="checkbox"/>	VD	ARJE, ERICH W.	8650 VIA GIULIA	BOCA RATON, FL 33496	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	ROTHBERG, JUNE	8668 VIA GIULIA	BOCA RATON FL 33496	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	BEDICK, JARED	8632 VIA GIULIA	BOCA RATON FL 33496	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

1/12/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)