

2001 UNIFORM BUSINESS REPORT (UBR)

5

FILED
Jun 02, 2001 8:00 am
Secretary of State

05-11-2001 90442 033 ****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
 251 BROKEN SOUND PKWY # 250
 BOCA RATON FL 33487

47889



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

951 BROKEN SOUND PKWY

951 BROKEN SOUND PKWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 250

SUITE 250

City & State

City & State

BOCA RATON, FL

BOCA RATON, FL

4. FEI Number

65-0914692

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 **Gary Budd**

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

951 BROKEN SOUND PARKWAY

SUITE 250

City **BOCA RATON**

FL

Zip Code

33487

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

Gary Budd

Gary Budd

DATE

5/28/01

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARJE, ERICH W.	
STREET ADDRESS	8650 VIA GIULIA	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FIGUEROA, RAYMOND	
STREET ADDRESS	8609 VIA GIULIA	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	VPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEIFER, GERALD	
STREET ADDRESS	8603 VIA GIULIA	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #