

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N99000004310.

1. Entity Name

VENETIAN ISLES POD "F" HOMEOWNERS ASSOCIATION, I

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90051 009 \*\*\*\*61.25

628343



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8198 JOG ROAD SUITE 200 BOYNTON BEACH FL 33437	8198 JOG ROAD SUITE 200 BOYNTON BEACH FL 33437

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number	APPLIED FOR	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CENTEX REAL ESTATE CORPORATION 8198 JOG ROAD SUITE 200 BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent		
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 \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	BORKENHAGEN, KEVIN
STREET ADDRESS	8198 JOG ROAD, SUITE 200
CITY-ST-ZIP	BOYNTON BEACH FL 33437
TITLE	VPD
NAME	ABRAMS, DAVE
STREET ADDRESS	8198 JOG ROAD, SUITE 200
CITY-ST-ZIP	BOYNTON BEACH FL 33437
TITLE	STD
NAME	HAMMOND, LEONA
STREET ADDRESS	8198 JOG ROAD, SUITE 200
CITY-ST-ZIP	BOYNTON BEACH FL 33437
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	STD
NAME	Candice Paulsen
STREET ADDRESS	8198 Jog Rd. Ste 200
CITY-ST-ZIP	Boynton Bch, FL 33437
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)