

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90081 035 \*\*\*\*61.25

**DOCUMENT # N99000006888**

1. Entity Name

**VILLA SAN REMO NEIGHBORHOOD "F" HOMEOWNERS ASSOC**

Principal Place of Business

Mailing Address

C/O MARTIN EVANS  
 8285 VIA BELLA  
 BOCA RATON FL 33496

C/O MARTIN EVANS  
 8285 VIA BELLA  
 BOCA RATON FL 33496



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**COMMUNITY ASSOC. SERV.**  
 Suite, Apt. #, etc. **SUITE 250**  
**951 BROKEN SOUND PKWY.**

3. Mailing Address

**SAME**  
 Suite, Apt. #, etc.

City & State

**BOCA RATON, FL**

City & State

**SAME**

4. FEI Number

**65-0023929**

Applied For

Not Applicable

Zip

Country

**33487**

**USA.**

Zip

Country

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

**COMMUNITY ASSOCIATION SERVICES, INC.**  
**951 BROKEN SOUND PKWY., STE. 250**  
**BOCA RATON FL 33487**

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 **PD**  Delete  
 NAME **EVANS, MARTIN**  
 STREET ADDRESS **8285 VIA BELLA**  
 CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **STD**  Delete  
 NAME **LIONETTI, CATHERINE**  
 STREET ADDRESS **8189 VIA DIVENETO**  
 CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **FISHMAN, ALAN**  
 STREET ADDRESS **18404 VIA DI SORRENTO**  
 CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
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 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 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)