

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/11

**FILED**  
**Jun 21, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90081 019 \*\*\*\*61.25

**DOCUMENT # N99000007307**

1. Entity Name

**MELROSE AT VENETIAN/VERONA MASTER ASSOCIATION, I**

Principal Place of Business

12230 FOREST HILL BLVD., #150  
 WELLINGTON FL 33414

Mailing Address

12230 FOREST HILL BLVD., #150  
 WELLINGTON FL 33414

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

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

**KTG&S REGISTERED AGENT CORPORATION**  
**100 S.E. 2ND ST., STE. 2800**  
**MIAMI FL 33131**

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 ☒ DELETE  
**D**  
**COLLINS, WALTER C**  
 STREET ADDRESS  
**312 S.E. 17 ST., STE. 300**  
 CITY-ST-ZIP  
**FT. LAUDERDALE FL 33316**

TITLE ☐ NAME ☐ CHANGE ☐ ADDITION  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ NAME ☒ DELETE  
**D**  
**HERNANDEZ, TIMOTHY L**  
 STREET ADDRESS  
**1350 E. NEWPORT CENTER DR., STE. 200**  
 CITY-ST-ZIP  
**DEERFIELD BEACH FL 33442**

TITLE ☐ NAME ☐ CHANGE ☐ ADDITION  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ NAME ☒ DELETE  
**D**  
**DREWS, ROBERT**  
 STREET ADDRESS  
**12230 FOREST HILL BLVD, STE. 150**  
 CITY-ST-ZIP  
**WELLINGTON FL 33414**

TITLE ☐ NAME ☐ CHANGE ☐ ADDITION  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ NAME ☒ DELETE  
**D**  
**BORKENHAGEN, KEVIN**  
 STREET ADDRESS  
**12230 FOREST HILL BLVD, STE. 150**  
 CITY-ST-ZIP  
**WELLINGTON FL 33414**

TITLE ☐ NAME ☐ CHANGE ☐ ADDITION  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ NAME ☒ DELETE  
**D**  
**HANLON, ANN**  
 STREET ADDRESS  
**9366 TALWAY CIR.**  
 CITY-ST-ZIP  
**BOYNTON BEACH FL 33437**

TITLE ☐ NAME ☐ CHANGE ☐ ADDITION  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ NAME ☒ DELETE  
**D**  
**BOWSER, SHERRY**  
 STREET ADDRESS  
**9366 TALWAY CIR.**  
 CITY-ST-ZIP  
**BOYNTON BEACH FL 33437**

TITLE ☐ NAME ☐ CHANGE ☐ ADDITION  
 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)