

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P97000102685

1. Entity Name

VILLAGE POINTE REALTY OF BOCA DEL MAR, INC.



FILED
04 MAY -3 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6060 SW 18TH STREET
#112
BOCA RATON FL 33433

Mailing Address
6060 SW 18TH STREET
#112
BOCA RATON FL 33433

2. Principal Place of Business

7015 BERACASA WAY
Suite, Apt. #, etc.
104

3. Mailing Address

7015 BERACASA WAY
Suite, Apt. #, etc.
104

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip
33433

Country
USA

Zip
33433

Country

4. FEI Number

65-0826113

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

KERSKI, RICHARD A
6060 SW 18 ST
#112
BOCA RATON FL 33433

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Richard Kerski
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/23/04
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004. Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KERSKI, RICHARD
6060 SW 18TH STREET
BOCA RATON FL 33433 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
600035157846
05/03/04--01014--016 **300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FRANGOS, LOUIS
6060 SW 18TH ST
BOCA RATON, FL 33433 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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 607, 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:

Richard Kerski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/04
Date

Daytime Phone #