

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90011 024 ***158.75

DOCUMENT # 563854

1. Entity Name
LA COQUILLE VILLAS, INC.

Principal Place of Business 100 EVANS LANE MANALAPAN FL 33468 US	Mailing Address 100 EVANS LANE MANALAPAN FL 33468 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-1814662	Applied For <input type="checkbox"/> Not Applicable
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Zip 33462	Country	Zip 33462	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WHITMIRE, DRENNEN L. JR. 450 ROYAL PALM WAY 6TH FLOOR PALM BEACH FL 33480		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ALCOCK, WARREN <input checked="" type="checkbox"/> Delete 450 S OCEAN BLVD VILLA 204-C MANALAPAN FL 33462	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Davis, John - T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 550 S. Ocean Blvd. 204-E Manalapan, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete PANGMAN, PETER 500 SOUTH OCEAN BLVD VILLA 107C MANALAPAN FL 33462	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Camelier, Davis-D <input type="checkbox"/> Change 550 S. Ocean Blvd. (No change) Manalapan, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS <input type="checkbox"/> Delete MORGAN, JOHN 100 EVANS LANE MANALAPAN FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Knapp Robert - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 103 Evans Lane Manalapan FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete HUGUELY, GEORGE 550 S OCEAN BLVD VILLA 106D MANALAPAN FL 33462	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition Brosseau, Frances (No change) 101 Evans Ln Manalapan FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SMITH, JOSEPH 202 WEST EVANS LANE MANALAPAN FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition Graham, William (Delete) 118 Evans Ln Manalapan FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete VAN ROJEN, CHRISTOPHER 450 SOUTH OCEAN BLVD, VILLA 105C MANALAPAN FL 33462	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Smith, Josephine 202 Evans Ln Manalapan FL 33462

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE **4/12/01** DAYTIME PHONE # **(561) 584-4511**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)

Attachment
per #563854
(820377)

LA COQUILLE VILLAS INC. DOCUMENT #563854
2ND PAGE OF 2000 UNIFORM BUSINESS REPORT

DELETE:

HOWSON, BETTY / Director
550 SOUTH OCEAN BLVD UNIT 204D
MANALAPAN FL 33462