

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724679

1. Entity Name

VILLAS DE GOLF ASSOCIATION INC

Principal Place of Business

12300 VONN RD
LARGO FL 34644

Mailing Address

12300 VONN RD
LARGO FL 33774-3439

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

59-1430205

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

PARMINTER, HELEN B
12300 VONN RD
LARGO FL 33774

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	S	<input type="checkbox"/> Delete
NAME	KOEHLER, RICHARD	
STREET ADDRESS	12300 VONN RD	
CITY-ST-ZIP	LARGO FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PARMINTER, BRUCE	
STREET ADDRESS	12300 VONN ROAD	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARNER, KEN	
STREET ADDRESS	12300 VONN ROAD	
CITY-ST-ZIP	LARGO FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PARMINTER, HELEN	
STREET ADDRESS	12300 VONN ROAD	
CITY-ST-ZIP	LARGO FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	STANDAFER, KENNETH N	
STREET ADDRESS	12300 VONN RD	
CITY-ST-ZIP	LARGO FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HANNA, GEORGE T	
STREET ADDRESS	12300 VONN RD	
CITY-ST-ZIP	LARGO FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 #

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90035 036 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)