

2002 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 34644

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

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	<input type="checkbox"/> Delete
NAME	VELTMAN, RON	
STREET ADDRESS	12300 VONN RD UNIT 4307	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BRUBECK, DAN	
STREET ADDRESS	12300 VONN RD UNIT 2101	
CITY-ST-ZIP	LARGO FL 33774	
TITLE		<input type="checkbox"/> Delete
NAME	PARMINTER, HELEN	
STREET ADDRESS	12300 VONN RD UNIT 2103	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	S	<input type="checkbox"/> Delete
NAME	KOEHLER, DICK	
STREET ADDRESS	12300 VONN RD UNIT 4207	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	M	<input type="checkbox"/> Delete
NAME	PARMINTER, BRUCE	
STREET ADDRESS	12300 VONN RD UNIT 2103	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	L	<input type="checkbox"/> Delete
NAME	WESTLING, JERRY	
STREET ADDRESS	12300 VONN RD UNIT 2201	
CITY-ST-ZIP	LARGO FL 33774	

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	
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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:

Ron Veltman REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90074 022 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

1/28/02 (727) 595-6061

Date

Daytime Phone #