

2000 UNIFORM BUSINESS REPORT (UBR)

3/8

FILED
May 11, 2000 8:00 am
Secretary of State

03-08-2000 90029 019 ****61.25

DOCUMENT # 727630

1. Entity Name

CHAROLAI'S CONDOMINIUM VILLAS, INC.

Principal Place of Business

126 SPARROW DR.
 ROYAL PALM BEACH FL 33411-1626

Mailing Address

126 SPARROW DR.
 ROYAL PALM BEACH FL 33411-1679

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

59-1640013

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GRIESER, IRENE
 126 SPARROW DRIVE
 SUITE #98
 ROYAL PALM BEACH FL 33431

7. Name and Address of New Registered Agent

Name **LINDA OLSZEWSKI**
 Street Address (P.O. Box Number is Not Acceptable)
126 SPARROW DRIVE
SUITE 22A
 City **ROYAL PALM BEACH** **FL** Zip Code **33411**

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 *Linda Olszewski* **SECRETARY + TREASURER** **2/23/00**
Signature, typed or printed name of registered agent and type, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	KEAS, RICHARD	
STREET ADDRESS	126 SPARROW DR #22A	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	OLSZEWSKI, LINDA	
STREET ADDRESS	126 SPARROW DR, #22A	
CITY-ST-ZIP	ROYAL PALM BCH FL 33411	
TITLE	VP D	<input type="checkbox"/> Delete
NAME	CIRCO, ANNE	
STREET ADDRESS	126 SPARROW DR, STE #22B	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GRIESER, IRENE	
STREET ADDRESS	126 SPARROW DR, STE #98	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change + <input checked="" type="checkbox"/> Addition
NAME	SECRETARY + TREASURER	
STREET ADDRESS	Same	
CITY-ST-ZIP	(As noted to the left)	
TITLE	VP D	<input checked="" 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: *Linda Olszewski* **SECRETARY + TREASURER** **2/23/00** **561-795-2560**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)