

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90213 025 ****70.00

DOCUMENT # 729534

1. Entity Name

VIEUX CARRE-CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**16105 N FLORIDA SUITE A
 LUTZ, FL 33549
 US**

**16105 N FLORIDA SUITE A
 LUTZ FL 33549
 US**

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

59-1607381

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

**SPIVEY, WILLIAM C
 16105 N FLORIDA SUITE A
 LUTZ FL 33549**

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	BOWNS, KATHRYN	
STREET ADDRESS	4423 VIEUX CARRE CIR	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HAYES, ANGELA	
STREET ADDRESS	4475 VIEUX CARRE CIR	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HENNING, JIM	
STREET ADDRESS	4471 VIEUX CARRE CIR	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CAVANNAGH, CATHERINE	
STREET ADDRESS	4421 VIEUX CARRE CIR	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HORNIK, JOHN	
STREET ADDRESS	4425 VIEUX CARRE CIR	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNETH SCHATZ	
STREET ADDRESS	4437 VIEUX CARRE	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERIN BROWNING	
STREET ADDRESS	4455 VIEUX CARRE	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRENDA PELTZ	
STREET ADDRESS	4431 VIEUX CARRE	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JODY LITTLEFIELD	
STREET ADDRESS	4415 VIEUX CARRE	
CITY-ST-ZIP	TAMPA FL 33613	
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 the information covered.

SIGNATURE:

KENNETH SCHATZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #

4/11/02 978-3961

CR2E037 (9/01)