

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90341 011 ****61.25

DOCUMENT # 737986

1. Entity Name

VILLA NUEVA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7200 ULMERTON RD.
 LARGO FL 33771

7200 ULMERTON RD., C-3
 LARGO FL 33771
 US

2. Principal Place of Business

3. Mailing Address

40 Resource Management

Suite, Apt. #, etc.

Suite, Apt. #, etc.

103 Cleveland Ave. SW

City & State

City & State

Largo, FL

4. FEI Number

59-1794535

Applied For

Not Applicable

Zip

Country

Zip

Country

33771

Pinellas

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

REINHARDT, DEBRA
 C/O RESOURCE MANAGEMENT
 103 CLEVELAND AVE SW
 LARGO FL 33770

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	VPD	<input type="checkbox"/> Delete
NAME	THOMPSON, ABIGAH	
STREET ADDRESS	7200 ULMERTON RD, C-3	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPATAFORE, SCOTT	
STREET ADDRESS	7200 ULMERTON RT. F5	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PARKER, EDITH	
STREET ADDRESS	7200 ULMERTON RD. D-2	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MAJKO, HOLLY	
STREET ADDRESS	7200 ULMERTON RD D-3	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BAKER, TIMOTHY R	
STREET ADDRESS	7200 ULMERTON RD, B-1	
CITY-ST-ZIP	LARGO FL 33771	
TITLE		<input type="checkbox"/> Delete
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY PETRAE	
STREET ADDRESS	7200 ULMERTON RD. C8	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE	SDT	<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		

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: *Timothy Baker* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02

CR2E037(9/01)