

2001 UNIFORM BUSINESS REPORT (UBR)

2/8/

FILED
Mar 07, 2001 8:00 am
Secretary of State

02-08-2001 90377 001 ****61.25

DOCUMENT # 742300

1. Entity Name

THE VILLAS-CENTRAL ASSOCIATION, INC.

Principal Place of Business

1603 GOLFVIEW DR W
 PEMBROKE PINES FL 33026

Mailing Address

1603 GOLFVIEW DR W
 PEMBROKE PINES FL 33026

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1861064**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

OLIVER, KEN
1571 GOLFVIEW DR. EAST
PEMBROKE PINES FL 33026

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.

(Ken Oliver, President)

1/31/01

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

TITLE D	VICE President	<input type="checkbox"/> Delete
NAME	KOTLER, EDWARD	
STREET ADDRESS	1381 GOLFVIEW DR W	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE D	JURADO, GRETA	<input checked="" type="checkbox"/> Delete
NAME	1571 GOLFVIEW DR W	
STREET ADDRESS	PEMBROKE PINES FL	
CITY-ST-ZIP		
TITLE D	PRESIDENT	<input type="checkbox"/> Delete
NAME	OLIVER, KEN	
STREET ADDRESS	1571 GOLFVIEW DR., E.	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE D	Director	<input type="checkbox"/> Delete
NAME	LESLIE, ALBERT	
STREET ADDRESS	1440 GOLFVIEW DR WEST	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE SD	PETRUCCI, SUSAN	<input checked="" type="checkbox"/> Delete
NAME	1371 GOLFVIEW DR WEST	
STREET ADDRESS	PEMBROKE PINES FL 33026	
CITY-ST-ZIP		
TITLE	BERGAMO, JACK	<input type="checkbox"/> Delete
NAME	1450 GOLFVIEW DR W	
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE T	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERGAMO, JACK	
STREET ADDRESS	1450 GOLFVIEW DR W	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S Albert LESLIE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1440 GOLFVIEW DR W	
STREET ADDRESS	PEMBROKE PINES, FL 33026	
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 (Ken Oliver)** President

1/31/01 954)436-9917

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)