2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91195 021 ****61.25

DOCUMENT # 747188

1. Entity Name

Villa Yvonne Condominium Association Inc.

Principal Place of Business	Mailing Address
2. Principal Place of Business: c/o Newell Property Mgmt Suite, Apt. #, etc.: 4148A Corporate Square City & State: Naples Florida Zip: 34104 Country: USA	3. Mailing Address: c/o Newell Property Mgmt Suite, Apt. #, etc.: 4148A Corporate Square City & State: Naples FL. Florida Zip: 34104 Country: USA

A0071580

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2513282 ☐ 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: William A. Newell Street Address (P.O. Box Number is Not Acceptable): 4148A Corporate Square City: Naples FL Zip Code: 34104

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: William Newell 4/22/01
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: PD NAME: Snider, Jean STREET ADDRESS: 229 7th Ave S #102 CITY-ST-ZIP: Naples FL 34102	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: VD NAME: Staub, Sean STREET ADDRESS: 229 7th Ave S #201 CITY-ST-ZIP: Naples FL 34102	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: STD NAME: Jones, Sandy STREET ADDRESS: 229 7th Ave S #202 CITY-ST-ZIP: Naples FL 34102	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (11/00)

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: Jean Snider 4/25/01 9416043484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #