

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90076 040 ****61.25

0050266

DOCUMENT # 752156

1. Entity Name

FLORENTINE VILLAS CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

1020 SWALLOW AVENUE
 MARCO ISLAND FL 33937-3238

1020 SWALLOW AVENUE
 MARCO ISLAND FL 33937-3238

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

59-2780857

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

7. Name and Address of New Registered Agent

BURKSTRAND, ALDEN E.
1020 SWALLOW AVENUE, #201
MARCO ISLAND FL 34145

Name DOROTHY J CONWAY
 Street Address (P.O. Box Number is Not Acceptable) 1020 SWALLOW AVE #301
 City MARCO ISLAND FL Zip Code 34145

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 Alden E. Burkstrand Dorothy J Conway Feb 6, 2002
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 checked="" type="checkbox"/> Delete
NAME	HENRY, JOHN L.	
STREET ADDRESS	1020 SWALLOW AVENUE	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BURKSTRAND, ALDEN E.	
STREET ADDRESS	1020 SWALLOW AVENUE	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RUHL, DON	
STREET ADDRESS	1020 SWALLOW AVE	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYMOND DZIEJMA	
STREET ADDRESS	1020 SWALLOW AVE	
CITY-ST-ZIP	MARCO ISLAND, FL.	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONWAY, DOROTHY	
STREET ADDRESS	1020 SWALLOW AVE	
CITY-ST-ZIP	MARCO IS FL.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	SAME	
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: Dorothy J Conway Feb 6, 2002
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CFR2E037 (9/01)