

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760051

1. Entity Name

SAWMILL VILLAS CONDOMINIUM ASSOCIATION, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90194 034 ****61.25

Principal Place of Business

RICHARD LAPOSTA, C.M.C.A.
GULF SHORES C.A.M. GULF
76 PONDELLA ROAD
SUITE # 201
N. FT. MYERS, FL 33903

GULFSHORES CAM
1621 N TAMiami TRAIL #5
N FT MYERS FL 33903
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2155978

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RICHARD LAPOSTA, C.M.C.A.
GULF SHORES C.A.M. GULF
76 PONDELLA ROAD
SUITE # 201
N. FT. MYERS, FL 33903

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 ☐ Delete
NAME APPLEBAUM, PHIL
STREET ADDRESS 5705 FOX LAKE DRIVE, #6
CITY-ST-ZIP N. FT. MYERS FL 33917

TITLE SD ☐ Change ☒ Addition
NAME NUNES, RONALD
STREET ADDRESS 5705-1 FOXLAKE DR.
CITY-ST-ZIP N. FT. MYERS, FL 33917

TITLE TD ☐ Delete
NAME LEPOSKY, BESS
STREET ADDRESS 5702-1 FOXLAKE DRIVE--
CITY-ST-ZIP N FT MYERS FL 33917

TITLE SD ☐ Change ☒ Addition
NAME WALKER, RENA
STREET ADDRESS 5705-8 FOXLAKE DR.
CITY-ST-ZIP N. FT. MYERS, FL 33917

TITLE SD ☒ Delete
NAME MANN, BETTE
STREET ADDRESS 5704-4 FOX LAKE DRIVE
CITY-ST-ZIP N FT MYERS FL 33917

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME COOK, DIANE
STREET ADDRESS 5702-8 FOX LAKE DRIVE
CITY-ST-ZIP N FT MYERS FL 33917

TITLE VP ☒ Change ☐ Addition
NAME COOK, DIANE
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 OF REGISTERED AGENT
BESS LEPOSKY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/00

CR2E037 (9/99)