

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90082 009 \*\*\*\*61.25

0081087

**DOCUMENT # 760148**

1. Entity Name

**VILLA PLUMOSA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

~~352 WESTWINDS DR.~~  
~~P.O. BOX 695~~  
 TARPON SPRGS FL 34688

Mailing Address

~~352 WESTWINDS DR.~~  
~~P.O. BOX 695~~  
 TARPON SPRGS FL 34688

2. Principal Place of Business

**40347 U.S. 19 NORTH**

Suite, Apt. #, etc.

**SUITE 201**

City & State

**TARPON SPRINGS, FL**

3. Mailing Address

**P.O. BOX 695**

Suite, Apt. #, etc.

City & State

**TARPON SPRINGS, FL**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2262337**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**I & J PROPERTY MANAGEMENT CO**  
**352 WESTWINDS DR.**  
**PALM HARBOR FL 34683**

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.

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

TITLE	VPD	<input type="checkbox"/> Delete
NAME	WARNKE, WILBERT	
STREET ADDRESS	100 GRAND BLVD #207	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DALACOS, COSTA	
STREET ADDRESS	2502 OAK CIRCLE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input type="checkbox"/> Delete
NAME	SARANTOS, THEODORE	
STREET ADDRESS	49 WEST CENTER STREET #212	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KARANGELLEN, FRANK	
STREET ADDRESS	49 WEST CENTER ST., #213	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ANDERSON, ANN	
STREET ADDRESS	100 GRAND BLVD #205	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Warnke, Wilbert	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY / O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAULA LITTLEFIELD	
STREET ADDRESS	49 W. Center Street #25	
CITY-ST-ZIP	Tarpon Springs, FL. 34689	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP/O	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARANTOS, THEODORE	
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: *Costa Dalacos* **RECEIVED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/26/2001* *727-942-2122*

Date

Daytime Phone #

CR2E037 (10/00)