

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/

**FILED**  
**Jul 05, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90174 026 \*\*\*\*61.25

**DOCUMENT # 767699**

1. Entity Name

VILLANOVA COLONNADE CONDOMINIUM, SECTION IV, ASS

R

Principal Place of Business

Mailing Address

P.O. BOX 2507  
 BONITA SPRINGS FL 34133

P.O. BOX 2507  
 BONITA SPRINGS FL 34133-2507

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

59-2419861

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

LUCKEY, R F JR  
 5164 BONITA BEACH RD.  
 BONITA SPRINGS FL 34134

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 LUCKEY, R F JR  
 STREET ADDRESS 5164 BONITA BEACH RD  
 CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE STD  Delete  
 NAME NELSON, JOHN  
 STREET ADDRESS 70 WEBSTER RD  
 CITY-ST-ZIP BRAINTREE MA

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VPD  Delete  
 NAME GIANELLI, TAMMY  
 STREET ADDRESS 6918 WHITTMAN  
 CITY-ST-ZIP FT. MYERS FL 33919

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME Barbara Luckey  
 STREET ADDRESS 5164 Bonita Beach Rd SW  
 CITY-ST-ZIP Bonita Spgs, FL

TITLE VPD  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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/00

941-947-4109

Date

Daytime Phone #

CR2E037 (9/99)