

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90050 028 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 769767
 1. Entity Name Villas del Sol Homeowners Association, Inc

Principal Place of Business 28200 Belmont Road
Punta Gorda, FL
33982
 Mailing Address Same

2. Principal Place of Business 28200 Belmont Road
 Suite, Apt. #, etc. _____
 3. Mailing Address 28200 Belmont Road
 Suite, Apt. #, etc. _____

City & State Punta Gorda, FL
 Zip 33982 Country USA
 City & State Punta Gorda, FL
 Zip 33982 Country USA

4. FEI Number 59-1501038
 Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DePlontys Duane E.
6149 misty oaks court
Sarasota, FL 34243

7. Name and Address of New Registered Agent
 Name Maryann Olson
 Street Address (P.O. Box Number is Not Acceptable) 2679 man of war circle
 City Sarasota State FL Zip Code 34240

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 Maryann Olson Maryann Olson DATE 05-23-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>DUANE E. DePlonty</u> <u>6149 misty oaks court</u> <u>Sarasota, FL 34243</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President</u> <u>Jean J. DePlonty</u> <u>6149 misty oaks court</u> <u>Sarasota, FL 34243</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Maryann Olson</u> <u>2679 man of war circle</u> <u>Sarasota, FL 34240</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President</u> <u>Carol E. Vaughn</u> <u>20177 Dante Ave.</u> <u>Port Charlotte, FL 33952</u> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary/Treasurer</u> <u>Maryann Olson</u> <u>2679 man of war circle</u> <u>Sarasota, FL</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Maryann Olson DATE 05-23-00 DAYTIME PHONE # 941-639-0663
Signature and typed or printed name of signing officer or director

CR2E037 (9/99)