

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

02-05-2001 90139 018 ****61.25

DOCUMENT # 769767

1. Entity Name

VILLAS DEL SOL HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

29200 BERMONT ROAD
 PUNTA GORDA FL 33982
 US

29200 BERMONT ROAD
 PUNTA GORDA FL 33982
 US

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 **59-1501038**

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

OLSON, MARYANN
2879 MAN OF WAR CIRCLE
SARASOTA FL 34240

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

T
 TITLE PD
 NAME DEPLONTY, DUANE E Delete
 STREET ADDRESS 937 BLUE HERON OVERLOOK
 CITY-ST-ZIP OSPREY FL 34229

Change Addition

D
 TITLE VP
 NAME DEPLONTY, JOAN J Delete
 STREET ADDRESS 937 BLUE HERON OVERLOOK
 CITY-ST-ZIP OSPREY FL 34229

Change Addition

VD
 TITLE ~~VD~~
 NAME ~~VAUGHN, CAROL E~~ Delete
 STREET ADDRESS 20177 DANTE AVENUE
 CITY-ST-ZIP PORT CHARLOTTE FL 33952

Change Addition

T
 TITLE T
 NAME OLSON, MARYANN Delete
 STREET ADDRESS 1456 FAWNWOOD CIRCLE
 CITY-ST-ZIP SARASOTA FL 34232

T/sec.
 TITLE T/sec.
 NAME Maryann Olson Change Addition
 STREET ADDRESS 2879 Man of War Circle
 CITY-ST-ZIP Sarasota, FL 34240 D

Delete

Change Addition

Delete

Change 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

Maryann Olson 1/30/01 941-539-0463

CR2E037 (10/00)