

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90095 021 ****61.25

DOCUMENT # N00000002147
 1. Entity Name
VILLORESI AT MEDITERRA NEIGHBORHOOD ASSOCIATION,

Principal Place of Business Mailing Address
C/O LANDMARK DEVELOPMENT GROUP **C/O LANDMARK DEVELOPMENT GROUP**
2154 TRADE CENTER WAY, SUITE 3 **2154 TRADE CENTER WAY, SUITE 3**
NAPLES FL 34109 **NAPLES FL 34109**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business c/o 3. Mailing Address c/o
Landmark Development Group **Landmark Development Group**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
5668 Strand Court, #108 **5668 Strand Court, #108**

City & State City & State
Naples, FL **Naples, FL**

4. FEI Number Applied For
59-3697168 Not Applicable

Zip Country Zip Country
34110 **US** **34110** **US**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CLASP INC.
C/O CUMMINGS & LOCKWOOD
3001 TAMiami TRAIL NORTH 4TH FLOOR
NAPLES FL 34103

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD SHAFRAN, ARTHUR A 2154 TRADE CENTER WAY, SUITE 3 NAPLES FL 34109 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD PIERCE, JAMES E 2154 TRADE CENTER WAY, SUITE 3 NAPLES FL 34109 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST BYAL, TIMOTHY P 2154 TRADE CENTER WAY, SUITE 3 NAPLES FL 34109 <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	D, V Ken Landry 5668 Strand Court, #108 Naples, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D James E. Pierce 5668 Strand Court, #108 Naples, FL 34110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V, T, S, D David M. Crowley 5668 Strand Court, #108 Naples, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V, Assistant Secretary Michael Diamond 5668 Strand Court, #108 Naples, FL 34110 <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

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: *James E. Pierce* **James E. Pierce, President** **941-597-8400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)