

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90177 014 \*\*\*\*61.25

**DOCUMENT # N04636**

1. Entity Name

**THE VILLAS OF FOREST PARK CONDOMINIUM ASSOCIATION OF DUNEDIN, INC.**

Principal Place of Business

Mailing Address

2430, ESTANCIA BLVD  
 SUITE 114  
 CLEARWATER FL 34621  
 US

2430 ESTANCIA BLVD  
 SUITE 114  
 CLEARWATER FL 34621  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2430 Estancia Blvd**

3. Mailing Address

**2430 Estancia Blvd**

Suite, Apt. #, etc.

**Suite 114**

Suite, Apt. #, etc.

**Suite 114**

City & State

**Clearwater, Florida**

City & State

**Clearwater, Florida**

Zip

Country

**33761**

**U S A**

Zip

Country

**33761**

**U S A**

4. FEI Number

**59-6829494**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FLORIDA CENTRAL MANAGEMENT INC  
 2430 ESTANCIA BLVD  
 SUITE 114  
 CLEARWATER FL 34621**

7. Name and Address of New Registered Agent

Name  
**Florida Central Management Inc**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2430 Estancia Boulevard**  
**Suite 114**  
 City  
**Clearwater** **FL** Zip Code  
**33761**

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.

**Robert M. Norek=Senior Vice President**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
S	BIGGERS, JOYCE	1550 REBECCA LN	DUNEDIN FL 34698	<input type="checkbox"/>
VD	KITTLE, DOROTHY	1537 LYNDA LANE	DUNEDIN FL 34698	<input type="checkbox"/>
VD	WOLFE, VIVIAN	1541 LYNDA LANE	DUNEDIN FL 34698	<input type="checkbox"/>
T	OLIVER, VIRGIL	1532 LYNDA LANE	DUNEDIN FL 34698	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	TOMY CAPASSO	1539 REBECCA LANE	DUNEDIN, FL 34698	<input type="checkbox"/>	<input type="checkbox"/>
SUP	JERRY SEKOW	1540 LYNDA LANE	DUNEDIN, FL 34698	<input type="checkbox"/>	<input type="checkbox"/>
SUP	PETER-ANGELUS	2325 BEVERLY DR	DUNEDIN, FL 34698	<input type="checkbox"/>	<input type="checkbox"/>
T	KEN BUNNELL	1530 REBECCA LANE 401	DUNEDIN, FL 34698	<input type="checkbox"/>	<input type="checkbox"/>
S	GLENN ARNOLD	2335 BEVERLY DR	DUNEDIN, FL 34698	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Daytime Phone #

CR2E037 (9/01)