


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90140 004 \*\*\*\*61.25

<b>DOCUMENT # N04636</b>			
1. Entity Name <b>THE VILLAS OF FOREST PARK CONDOMINIUM ASSOCIATION OF DUNEDIN, INC.</b>			
Principal Place of Business 2430 ESTANCIA BLVD SUITE 114 CLEARWATER FL 34621 US		Mailing Address 2430 ESTANCIA BLVD SUITE 114 CLEARWATER FL 34621 US	
2. Principal Place of Business <i>251 WINDWARD PASSAGE</i> Suite, Apt. #, etc. <i>SUITE F</i>		3. Mailing Address <i>251 WINDWARD PASSAGE</i> Suite, Apt. #, etc. <i>SUITE F</i>	
City & State <i>CLEARWATER FL.</i>		City & State <i>CLEARWATER, FL.</i>	
Zip <i>33767</i>		Country <i>USA</i>	
4. FEI Number <b>59-6829494</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>FLORIDA CENTRAL-MANAGEMENT INC</b> 2430 ESTANCIA BLVD SUITE 114 CLEARWATER FL 34621		7. Name and Address of New Registered Agent Name: <del>JIM ANDRES MANAGEMENT</del> Street Address (P.O. Box Number is Not Acceptable) <i>251 WINDWARD PASSAGE</i> <i>SUITE F</i> City: <i>CLEARWATER</i> FL Zip Code: <i>33767</i>	
8. This above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Sharon Green</i> DATE: <i>4-4-03</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>BIGGERS, JOYCE</b> <b>1550 REBECCA LN</b> <b>DUNEDIN FL 34698</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>KITTLE, DOROTHY</b> <b>1537 LYNDA LANE</b> <b>DUNEDIN FL 34698</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>JOHN MIANI</b> <b>550 VILLAGA DR</b> <b>DUNEDIN FL. 34698</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>WOLFE, VIVIAN</b> <b>1541 LYNDA LANE</b> <b>DUNEDIN FL 34698</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>OLIVER, VIRGIL</b> <b>1532 LYNDA LANE</b> <b>DUNEDIN FL 34698</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CAPASSO, TONY</b> <b>1539 REBECCA LANE</b> <b>DUNEDIN FL 34698</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1SUP</b> <b>SERKOW, JERRY</b> <b>1540 LYNDA LANE</b> <b>DUNEDIN FL 34698</b> <input type="checkbox"/> Delete	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: <i>[Signature]</i>		SIGNATURE REQUIRED	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

CR2E037 (10/02)