2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 07, 2002 8:00 am Secretary of State **DOCUMENT # N12944** 1. Entity Name VILLA D'ESTE TOWNHOMES CONDOMINIUMS ASSOCIATION, 03-07-2002 90001 005 ****61.25 INC. Principal Place of Business Mailing Address 411 RIVER BAY OR 411 RIVER BAY DR **TAMPA FL 33619 TAMPA FL 33619** 2. Principal Place of Business 3. Mailing Address 110 Pinellas Bar 110 Pinellas Bayway Suite, Apt. # etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 207 mite 207 City & State 4. FEI Number Applied For Merra Verde, Fl 59-2907779 erra Verde Not Applicable \$8.75 Additional 5. Certificate of Status Desired Pivellas Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Kouanzion Street Address (P.O. Box Number is Not Acceptable) MASCALI, EDITH 411 RIVER BAY DR **TAMPA FL 33619** 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. President TITLE ☐ Delete TITLE K Change ☐ Addition mark caldwell MASCALI, RICHARD NAME NAME 1110 Pivellos Bayuay #207 STREET ADDRESS 97 STONEWALL CIRCLE STREET ADDRESS Tierra verde, FL 33715 CITY-ST-ZIP CITY-ST-ZIP WEST HARRISON NY 10604 1P15ec TITLE ☐ Delete TITLE Change ☐ Addition Frankorkus 1110 Pinellas Bayway #207 NAME FAIRFIELD, DELORES J. NAME STREET ADDRESS 7974 SAILBOAT KEY BLVD. STREET ADDRESS Tierra Verde, FL CITY-ST-ZIP CITY-ST-ZIP SOUTH PASADENA FL Traas. TITLÉ ~ ☐ Delete TITLE Change Addition ANTON ZGOZNÍK 1110 PINELIAS BAYWAY#207 NAME MASCALI, EDITH NAME STREET ADDRESS 411 RIVER BAY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Tierra Verde, **TAMPA FL 33619** ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change TITLE □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

Daytime Phone #