

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19977

1. Entity Name

MARCO VILLA CONDOMINIUM ASSOCIATION, INC.

FILED

Jan 25, 2002 8:00 am  
Secretary of State

01-25-2002 90007 016 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O BERRY & GREUSEL  
1104 N. COLLIER BLVD.  
MARCO ISLAND FL 34145  
US

C/O BERRY & GREUSEL  
1104 N. COLLIER BLVD.  
MARCO ISLAND FL 34145  
US

10485

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2788073

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREUSEL, JAMIE B  
1104 N. COLLIER BLVD.  
MARCO, ISLAND, FL FL 34145

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

TITLE PD ☐ Delete  
NAME MIKLOSH, JEROME JERRY  
STREET ADDRESS 1561 BUCCANEER CT.  
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME MCGUIRE, EDWARD  
STREET ADDRESS 616 PIERRE AVE.  
CITY-ST-ZIP MANTUA NJ 08051

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME FITZMORRIS, PATRICK  
STREET ADDRESS 457 TALLWOOD ST #308  
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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

PATRICK FITZMORRIS  
Pia

Date

Daytime Phone #

1-5-02 941 394 8111

CR2E037 (9/01)