

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996-1896

B 2359

NC

DOCUMENT # N22314

(1)

1. Corporation Name

UNITED OWNERS OF PARC VENDOME II, INC.



Principal Place of Business

Mailing Address

C/O RICHARD A. ZACUR, ESO
PO BOX 14409
ST. PETERSBURG FL 33733

C/O RICHARD A. ZACUR, ESO
PO BOX 14409
ST. PETERSBURG FL 33733

3. Date Incorporated or Qualified

09/01/1987

3a. Date of Last Report

03/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2542925

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZACUR, RICHARD A.
5200 CENTRAL AVENUE
PO BOX 14409
ST. PETERSBURG FL 33733

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent (if applicable)

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PTD
SANTEE, ANNABELLE M.
211 PASADENA AVE N107
ST. PETERSBURG FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD
GERBER, LILLIAN
211 PASADENA AVE N107
ST. PETERSBURG FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VSD
CONDON, MARY LOUISE
211 PASADENA AVE N107
ST. PETERSBURG FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96

Daytime Phone #

CR2E037 (12/95)