

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90129 011 ****61.25

DOCUMENT # N93000001270

1. Entity Name

FIELDSTONE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

265 AIRPORT ROAD S
 NAPLES FL 34104

265 AIRPORT ROAD S
 NAPLES FL 34104-3518

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0394780

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLENN CARROLL, R&P PROPERTY MGT.
265 AIRPORT ROAD SOUTH
NAPLES FL 34104

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	DTS	<input checked="" type="checkbox"/> Delete
NAME	PORTER, KAYO	
STREET ADDRESS	3720 FIELDSTONE BLVD #702	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KILLIAN, GUNTER	
STREET ADDRESS	3710 FIELDSON BLVD., #504	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LOGAN, RHONDA	
STREET ADDRESS	3780 FIELDSTONE BLVD. #3-101	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	D	<input type="checkbox"/> Delete
NAME	LATANZI, BRENDA	
STREET ADDRESS	3720 FIELDSTONE BLVD. #705	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	P	<input type="checkbox"/> Delete
NAME	CALLERT, BARBARA	
STREET ADDRESS	3735 FIELDSTONE BLVD #904	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Thomas Flynn	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPD	
STREET ADDRESS	3705 Fieldstone Blvd #401	
CITY-ST-ZIP	Naples, FL 34109	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry Nutty	
STREET ADDRESS	3705 Fieldstone Blvd #404	
CITY-ST-ZIP	Naples, FL 34109	
TITLE	VPO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/99)

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: *Barbara Callert* Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #