## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

## Mar 20, 2002 8:00 am DOCUMENT # N9300001364 Secretary of State VILLAS OF KINGS CROSSING CONDOMINIUM ASSOCIATION 03-20-2002 90057 012 \*\*\*\*61.25 , INC. Principal Place of Business Mailing Address 12607 SW KINGSWAY CR 12607 SW KINGSWAY CR LAKE SUZY FL 34266 LAKE SUZY FL 34266-6741 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0335236 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TOAN e Greene Street Address (P.O. Box Number is Not Acceptable) WALDRON, EUGENE E JR 124 N BREVARD AVE 265 TAMIAMI ARCADIA FL 34266 TR 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. 17 Kreene SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 J D Change Addition (9/01) TITLE Delete TITLE Bernard ত্যত্ত. CHUFAR, GENE NAME NAME SW KINGSWAY CIrcle 12609 SW KINGSWAY CIRCLE 1261 STREET ADDRESS STREET ADDRESS 34266 CITY-ST-ZIP LAKE SUZY FL 34266 CITY-ST-ZIP 5424 ☐ Delete TITLE Change ☐ Addition TITLE GREENE, JOAN NAME NAME 265 TAMIAMI TRAIL STREET ADDRESS STREET ADDRESS **PUNTA GORDA FL 33912** CITY-ST-ZIP CITY-ST-7IP . Delete ... TITLE ☐ Addition TITLE WALLACE HERTEL HERTER, WALLACE NAME NAME SW KINGSWAY CIrcle 12649 SW KINGSWAY CIRCLE STREET ADDRESS STREET ADDRESS LAKE SUZY FL 34266 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition VALLES, RICHARD 12637 SW KINGSWAY CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE SUZY FL 34266 CITY-ST-ZIP ☐ Delete Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT) F Change ☐ 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 #