

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM****Secretary of State****DOCUMENT # N97000005558****1. Entity Name****THE RESIDENCES AT GONDOLA PARK CONDOMINIUM ASSOCIATION, INC.****Principal Place of Business****200 CAPRI ISLES BOULEVARD****VENICE
34292****FL****Mailing Address****200 CAPRI ISLES BOULEVARD****VENICE
34292****FL****2. Principal Place of Business****3. Mailing Address****743 SHAMROCK BLVD****Suite, Apt. #, etc.****Suite, Apt. #, etc.****City & State****City & State****VENICE****FL****Zip****Country****Zip****Country****34293****4. FEI Number****65-0874540****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****HILDEBRANDT WILLIAM
200 CAPRI ISLE BLVD****VENICE
34292****FL****Name****HILDEBRANDT WILLIAM****Street Address (P.O. Box Number is Not Acceptable)
743 SHAMROCK BLVD****City
VENICE****FL****Zip Code
34293****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 WILLIAM HILDEBRANDT****04/27/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	D	Delete	TITLE	Change	Addition
NAME	TOMS NICHOLAS		NAME		
STREET ADDRESS	200 CAPRI ISLES BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34292		CITY-ST-ZIP		
TITLE	D	Delete	TITLE	Change	Addition
NAME	HILDEBRANDT BILL		NAME		
STREET ADDRESS	200 CAPRI ISLES BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34292		CITY-ST-ZIP		
TITLE	D	Delete	TITLE	Change	Addition
NAME	MANSELL ROBERT		NAME		
STREET ADDRESS	200 CAPRI ISLES BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34292		CITY-ST-ZIP		
TITLE		Delete	TITLE	Change	Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		Delete	TITLE	Change	Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		Delete	TITLE	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)(f), 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: WILLIAM HILDEBRANDT****DIR****04/27/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)