

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000005558

FILED  
Feb 13, 2002 8:00 AM  
Secretary of State

**Entity Name:** THE RESIDENCES AT GONDOLA PARK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

200 CAPRI ISLES BOULEVARD  
VENICE, FL 34292

**New Principal Place of Business:**

**Current Mailing Address:**

743 SHAMROCK BLVD  
VENICE, FL 34293

**New Mailing Address:**

**FEI Number:** 65-0874540

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HILDEBRANDT, WILLIAM  
743 SHAMROCK BLVD  
VENICE, FL 34293

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MANSELL, ROBERT  
Address: 200 CAPRI ISLES BOULEVARD  
City-St-Zip: VENICE, FL 34292

Title: D ( ) Delete  
Name: HILDEBRANDT, BILL  
Address: 200 CAPRI ISLES BOULEVARD  
City-St-Zip: VENICE, FL 34292

Title: D ( ) Delete  
Name: TOMS, NICHOLAS  
Address: 200 CAPRI ISLES BOULEVARD  
City-St-Zip: VENICE, FL 34292

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: CALVERT, DAVID  
Address: 601 GONDOLA PARK DRIVE  
City-St-Zip: VENICE, FL 34292

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: TOMS, NICHOLAS  
Address: 200 CAPRI ISLES BLVD,  
City-St-Zip: VENICE, FL 34292

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM HILDEBRANDT

D

02/13/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date