

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90066 005 ****61.25

DOCUMENT # 716138
 1. Entity Name
VILLA DEL SOL, INC.

Principal Place of Business Mailing Address
11000 S OCEAN DR. **11000 S OCEAN DR.**
JENSEN BCH FL 34957 **JENSEN BCH FL 34957-2686**

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 Applied For
59-1909648 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
CORNETT, JANE L., ESQ.
401 EAST OCEOLA STREET
STUART FL 34994

7. Name and Address of New Registered Agent
 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

| | | |
|----------------|-------------------------------------|---------------------------------|
| TITLE NAME | T MCMAHON, NANCY | <input type="checkbox"/> Delete |
| STREET ADDRESS | 11000 S OCEAN DR., 5-I | |
| CITY-ST-ZIP | JENSEN BEACH FL | |
| TITLE NAME | VPD1 BIRDSALL, TED | <input type="checkbox"/> Delete |
| STREET ADDRESS | 11000 S OCEAN DR. #4-D | |
| CITY-ST-ZIP | JENSEN BCH FL | |
| TITLE NAME | VPD2 WEBER, PETER | <input type="checkbox"/> Delete |
| STREET ADDRESS | 11000 S OCEAN DRIVE, #4-E | |
| CITY-ST-ZIP | JENSEN BCH FL | |
| TITLE NAME | S FUCHS, CHARLOTTE | <input type="checkbox"/> Delete |
| STREET ADDRESS | 11000 S OCEAN DRIVE, #5K | |
| CITY-ST-ZIP | JENSEN BCH FL 34957 | |
| TITLE NAME | P MERTZ, KEITH | <input type="checkbox"/> Delete |
| STREET ADDRESS | 11000 S OCEAN DRIVE, #6-L | |
| CITY-ST-ZIP | JENSEN BCH FL | |
| TITLE NAME | D FEIST, JACK | <input type="checkbox"/> Delete |
| STREET ADDRESS | 11000 S OCEAN DR., 1-F | |
| CITY-ST-ZIP | JENSEN BEACH FL | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE OF SIGNING OFFICER OR DIRECTOR 3/3/00 561-229-0494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C.R.P. 03/27/0000