

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90104 002 ****61.25

DOCUMENT # 716138

1. Entity Name

VILLA DEL SOL, INC.

Principal Place of Business

Mailing Address

**11000 S OCEAN DR.
 JENSEN BCH FL 34957**

**11000 S OCEAN DR.
 JENSEN BCH FL 34957**

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

59-1909648

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORNETT, JANE L., ESQ.
 401 EAST OCEOLA STREET
 STUART FL 34994**

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	T	<input type="checkbox"/> Delete
NAME	MCMAHON, NANCY	
STREET ADDRESS	11000 S OCEAN DR., 5-1	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	VPD1	<input type="checkbox"/> Delete
NAME	BIRDSALL, TED	
STREET ADDRESS	11000 S OCEAN DR. #4-D	
CITY-ST-ZIP	JENSEN BCH FL	
TITLE	VPD2	<input type="checkbox"/> Delete
NAME	WEBER, PETER	
STREET ADDRESS	11000 S OCEAN DRIVE, #4-E	
CITY-ST-ZIP	JENSEN BCH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	KELLER, SANDRA	
STREET ADDRESS	11000S. OCEAN DR #2-3	
CITY-ST-ZIP	JENSEN BCH FL 34957	
TITLE	P	<input type="checkbox"/> Delete
NAME	MERTZ, KEITH	
STREET ADDRESS	11000 S OCEAN DRIVE, #6-L	
CITY-ST-ZIP	JENSEN BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FEIST, JACK	
STREET ADDRESS	11000 S OCEAN DR., 1-F	
CITY-ST-ZIP	JENSEN BEACH FL	

TITLE	T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Keith Mertz
REQUIRED Keith Mertz

4/4/02 561-229-8245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)