


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90252 040 ****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

60012459



CHECK HERE IF MAKING CHANGES

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TS	<input type="checkbox"/> Delete
NAME	MCMAHON, NANCY	
STREET ADDRESS	11000 S OCEAN DR., 5-I	
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	VPSD	<input type="checkbox"/> Delete
NAME	WEBER, PETER	
STREET ADDRESS	11000 S OCEAN DRIVE, #4-E	
CITY-ST-ZIP	JENSEN BCH FL	
TITLE	D	<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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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: SIGNATURE REQUIRED

CR2E037 (10/02)