

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730080

1. Entity Name

VILLAS OF VENICE, INC. CONDOMINIUM ASSOCIATION

FILED

May 03, 2002 8:00 am  
Secretary of State

05-03-2002 90053 018 \*\*\*\*61.25

Principal Place of Business

908 VILLAS DRIVE  
VENICE FL 34285  
US

Mailing Address

1747 S TAMiami TRAIL  
# 223  
VENICE FL 34293  
US

2. Principal Place of Business

3. Mailing Address

810 B Pinebrook Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Venice, FL

Zip

Country

Zip

Country

34292

Sarasota

4. FEI Number

59-1552715

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

CALDWELL, KEYS I  
1747 S TAMiami TRAIL  
#223  
VENICE FL 34293

Name

Capri Property Management, Inc.

Street Address (P.O. Box Number is Not Acceptable)

810 B Pinebrook Rd

City

Venice

FL

Zip Code

34292

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

Debbie Green

Debbie Green

4-18-02

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>GRISWOLD, MARY ANN<br>908 VILLAS DRIVE # 79<br>VENICE FL 34285 | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>WELSH, ROB<br>908 VILLAS DRIVE # 73<br>VENICE FL 34285         | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>MULLER, MIKE<br>50082 WILLIAMS RD<br>HARTFORD WI 53027         | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>ESPOSTI, MARCELLO<br>908 VILLAS DRIVE 6<br>VENICE FL 34285     | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ROWDEN, MAREY<br>908 VILLAS DRIVE # 73<br>VENICE FL 34285       | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>Rowden, Maray<br>908 Villas Dr. #9<br>Venice FL 34285 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ORENDORFF, LOUIS<br>908 VILLAS DRIVE # 73<br>VENICE FL 34285    | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

CR2E037 (9/01)

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 REMARQUE Esposito

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02

941-412-0449

Date

Daytime Phone #