- CHARLE COMPANY STATE CONTRACTOR OF THE STATE OF THE STA

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732076

1. Entity Name

FUTURA VILLAS CONDOMINIUM ASSOCIATION NO. 11. IN

Principal Place of Business	Mailing Address				
MARILYN WILLIAMS 230 N.E. 141 ST. N. MIAMI FL 33161	Marilyn Williams 1674 University Pkwy. Box 30 Sarasota Fl 34243				
2. Principal Place of Business NEAL Mc7AddeN	3. Mailing Address NEAL MC7				

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Mc7AddeN	NEAL M	c 7Add	eN	141	DO NOT INDITE			
VE 141AT	Suite, Apr. #, etc.	230	N, E	175 S		IN THIS SE	ACE	
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) ade		4)all	2			<u></u>	ee Require	
6. Name and Address of Current	Hegistered Agent	Name		7. Name and Ad	Idress of New Reg	jistered Ag	jent	
COIDE MANON IE		Street A	ddress (P	O Rox Number is	Not Accentable)			
141 STREET			1000 (1	.o. box Hambor le	- THOL MOCEPHOIC)			
FL 33161								
A		City		•	~ :	FL	Zip Cod	e
named entity submits this statement for	or the purpose of changing its	registered office o	r registere	d agent, or both, i	n the state of Floric	ta.		
		*						
Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signal	ture required v	when reinstating)		DATE		
FILE NOW:	9. Election Campaign	Financing	65 0 (.	Maka (^hook Ba	wahla ta	
FEE IS \$61.25		~ —						'
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PD OFFICERS AND DI	***************************************	TITLE	A	DDITIONS/CHANG	JES TO OFFICERS		_	Addition
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	#, etc. VE 4 A e 19 M F Country 6. Name and Address of Current WAGALIE 141 STREET FL 33161 Signature, typed or printed name of registered agent FILE NOW: FEE IS \$61.25 OFFICERS AND DI PD	#, etc. WEAL M Suffe, Apt. #, etc. City & State MIAMIF Country Sip 3316 6. Name and Address of Current Registered Agent WAGALIE 141 STREET FL 33161 Signature, typed or printed name of registered agent and title if applicable. (NOTE FILE NOW: FEE IS \$61.25 OFFICERS AND DIRECTORS PD	#, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State MIPMI FIA 3316 Coontry Sip	#, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Co	#, etc. Suite. Apt. #, etc. Suite. Apt.	#, etc. Suffe, Apt. #, etc. Suffe, Apt.	#, etc. Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. Do Not Write In THIS SECTION	#, etc. Suffe, Apt. #, etc. Suffe, Apt. #, etc. City & State City & State

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.

CITY-ST-ZIP

CITY-ST-ZIP