

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

FILED
May 29, 2003 8:00 am
Secretary of State

05-29-2003 90132 038 ****61.25

0075757

DOCUMENT # 734952

1. Entity Name

THE VILLAS AT INDIAN RIVER PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

**2580 VIA VITTORIA CT.
MERRITT ISLAND FL 32953
US**

Mailing Address

**P O BOX 541118
MERRITT ISLAND FL 32954-1118
US**

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 **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**LASSONDE, PAUL
2580 VIA VITTORIA CT.
MERRITT ISLAND FL 32953**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, BRIAN	
STREET ADDRESS	2585 VIA VITTORIA CT	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KELLY, TIM	
STREET ADDRESS	2510 VIA VITTORIA CT.	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	<input type="checkbox"/> Delete
NAME	FELLOWS, SARAH	
STREET ADDRESS	2520 VIA VITTORIA CT.	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	<input type="checkbox"/> Delete
NAME	LASSONDE, PAUL	
STREET ADDRESS	2580 VIA VITTORIA CT.	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARTHUR, ROBERT	
STREET ADDRESS	2545 VIA VITTORIA CT	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCCLANAHAN, KRISTYN	
STREET ADDRESS	406 VIA VALENCIA CT	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	

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	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANINA ALLEN	
STREET ADDRESS	2585 VIA VITTORIA CT	
CITY-ST-ZIP	MERRITT ISLAND	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASSONDE, PAUL	
STREET ADDRESS	2580 VIA VITTORIA CT	
CITY-ST-ZIP	MERRITT ISLAND, FL	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONNA SMIT	
STREET ADDRESS	2525 VIA VITTORIA CT	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
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:

JANINA ALLEN

5/24/03 321-453-3300

CR2E037 (10/02)