

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

0071108

DOCUMENT # 734968

1. Entity Name

VILLA SANIBEL CONDOMINIUM ASSOCIATION, INC.

03-09-2001 90008 038 *****61.25

Principal Place of Business

2321 WEST GULF DR.
 P. O. BOX 694
 SANIBEL FL 33957

Mailing Address

P O BOX 100
 SANIBEL FL 33957



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1659116

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JAMBECK, NICK
1632 PERWINKLE WAY
~~STE 6~~
 SANIBEL FL 33957

Name

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

703 Tarpon Bay Co, Ste B
 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 Delete
 NAME **SD VALHOULI, DORTHY**
 STREET ADDRESS **54 BRIAR RD**
 CITY-ST-ZIP **HAMPTON NH 03842**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD SMITH, WILLIAM**
 STREET ADDRESS **400 ATLANTIC AVE**
 CITY-ST-ZIP **COHASSET MA 02025**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D ECHOLTZ, NANCY**
 STREET ADDRESS **6803 KNOLL CREEK DR**
 CITY-ST-ZIP **INDIANAPOLIS IN 46256**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D CAMPBELL, MARCELLA**
 STREET ADDRESS **16 PRESCOTT ST**
 CITY-ST-ZIP **NEWTON MA 02160**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/01

Date

Daytime Phone #

CR2E037 (10/00)