

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737887

1. Entity Name

VILLE DE MARCO CONDOMINIUM ASSOCIATION, INC.

FILED  
Apr 02, 2001 8:00 am  
Secretary of State

04-02-2001 90040 028 \*\*\*\*61.25

0086165

Principal Place of Business

Mailing Address

1227 EDINGTON PLACE  
MARCO ISLAND FL 33937

1227 EDINGTON PLACE  
MARCO ISLAND FL 33937

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1221168

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

~~SNAPP, HARRY I  
1215 EDINGTON PLACE E6  
MARCO ISLAND FL 33937~~

Z. Val Kukuljan  
1215 Edington Place  
N6  
Marco Is., FL 34145

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.

SIGNATURE

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

3/23/01

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TR  
SHARP, DR HARRY I  
4348 W SUMMIT AVE  
LAKEWOOD NY 14750 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TR  
KUKULJAN, VAL  
5961 N.Shoreland Ave.  
Milwaukee, WI 53217 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
MCDOWELL, MARJORY  
1305 APPLETREE LANE  
LOBERTYVILLE IL 60048 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
MCDOWELL, JOHN M  
1305 APPLETREE LANE  
LOBERTYVILLE IL 60048 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V P  
READEL, HAROLD H  
1905 AVENUE E  
STERLING IL 60181 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SE  
NELSON, GRANT E  
15 ROBIN RD  
WOODBIDGE CT 06525 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DR  
CAMPANILE, TIO  
4714 WESTMINISTER DR.  
RALEIGH NC 27604 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*Z. Val Kukuljan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/01

Date

Daytime Phone #

CR2E037 (10/00)