

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737887

1. Entity Name

VILLE DE MARCO CONDOMINIUM ASSOCIATION, INC.

FILED

Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90009 021 ****61.25

Principal Place of Business

Mailing Address

1227 EDINGTON PLACE
MARCO ISLAND FL 33937

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MARCO ISLAND FL 33937

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

59-1221168

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

KUKULJAN, Z. VAL
1215 EDINGTON PLACE
N-6
MARCO ISLAND 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

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 TR
NAME KUKULJAN, VAL ☐ Delete
STREET ADDRESS 5961 N SHORELAND AVENUE
CITY-ST-ZIP MILWAUKEE WI 53217

TITLE VP
NAME BIERMAN, CAROL ☐ Change ☒ Addition
STREET ADDRESS 4 CUSHING GREEN NORTH
CITY-ST-ZIP PAWLING, NY 12564

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

TITLE D
NAME WOLFE, NANCY ☐ Change ☒ Addition
STREET ADDRESS 368 FERNWOOD AVENUE
CITY-ST-ZIP TALLAHADGE, OH 44278

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

TITLE D
NAME LEVY, BERNARD ☐ Change ☒ Addition
STREET ADDRESS 27 HIDDEN RIDGE TRAIL
CITY-ST-ZIP JACKSON, MI 49203

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Signature of Z. Val Kukuljan 1/29/02 (941) 642-4106

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)