2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 24, 2000 8:00 am Secretary of State DOCUMENT # **739561** 1. Entity Name VILLA VERSAILLES CONDOMINIUM ASSOCIATION, INC. 01-24-2000 90043 033 ****61.25 Mailing Address Principal Place of Business 724 BROAD AVE SOUTH 724 BROAD AVE SOUTH NAPLES FL 34102 NAPLES FL 34102-7330 706018 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State ------City & State_ 4. FEI Number 59-1889.193 Tare + 500 -- . . . Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number MORRIS, JOHN W 720 BROAD AVE SOUTH NAPLES FL 34102 1ES 34102-733D 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 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE. TITLE Delete MORRIS, JOHN W. MORRIS, JOHN W NAME NAME 720 BROAD AJENUE South STREET ADDRESS STREET ADDRESS 722 Broad Avenue South 34102-7330 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 ☐ Change DP. TITLE TITLE 👿 Delete NAME KEPKA, BARBARA NAME 722 BROAD AVENUE South STREET ADDRESS STREET ADDRESS 744 BROAD AVE S CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 ☐ Addition STD ☐ Delete TITLE DUNPHY, TERRELL NAME STREET ADDRESS STREET ADDRESS 724 BROAD AVE SOUTH CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 ☐ Delete TITLE TITLE WALLER, GEORG WALLER, GEORGE NAME NAME BROAD A STREET ADDRESS STREET ADDRESS 740 BROAD AVENUE S CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 ☐ Delete TITLE TITLE MORRIS. GERALDINE NAME 720 BROAD AVE SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

CITY-ST-ZIP