2002 UNIFORM BUSINESS REPORT (UBR)

Feb 26, 2002 8:00 am DOCUMENT # 739561 **Secretary of State** 1. Entity Name 02-26-2002 90146 028 ****61.25 VILLA VERSAILLES CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 724 BROAD AVE SOUTH 724 BROAD AVE SOUTH NAPLES FL 34102 NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-1889193 Not Applicable Country Zip \$8.75 Additional Country Zip 5. Certificate of Status Desired _____ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) DUNPHY, TERRELL C 724 BROAD AVE SOUTH NAPLES FL 34102-7330 City 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10 TITLE ☐ Delete TITLE LEONARD BAS CONE NAME Morris, John W NAME STREET ADDRESS 704 BROAD AVE SOW STREET ADDRESS 720 BROAD AVE SOUTH CITY-ST-ZIP CITY-ST-7IP NAPLES FL 34102-7330 TITLE ٧D ☐ Delete TITLE NAME NAME ZAWISTOSKI, SHIRLEY STREET ADDRESS STREET ADDRESS 722 BROAD AVE SOUTH CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102-7330 Change ☐ Addition TITLE ☐ Delete TITLE NAME DUNPHY, TERRELL NAME STREET ADDRESS STREET ADDRESS 724 BROAD AVE SOUTH CITY-ST-ZIP CITY - ST - ZIP NAPLES FL 34102-7330 Change ☐ Addition Delete TITLE WALLER, GEORGE NAME NAME STREET ADDRESS STREET ADDRESS 740 BROAD AVENUE S CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102-7330 TITLE ☐ Change ☐ Addition ☐ Delete TITLE MORRIS, GERALDINE NAME NAME STREET ADDRESS STREET ADDRESS 720 BROAD AVE SOUTH CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102-7330 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; that I am an officer or director

FILED

219602

changed, or on an attachment with an address, with all other like empowered

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