

2002 UNIFORM BUSINESS REPORT (UBR)

8/1

FILED
Sep 02, 2002 8:00 am
Secretary of State

08-19-2002 90153 024 ****61.25

DOCUMENT # 739663

1. Entity Name

VILLA GRANDE / CONDOMINIUM ASSOCIATION, INC. ✓

Principal Place of Business

% CENTURY 21 SUNBELT REALTY
 506 SW 47TH TERRACE
 CAPE CORAL FL 33914

Mailing Address

% CENTURY 21 SUNBELT REALTY
 506 SW 47TH TERRACE
 CAPE CORAL FL 33914

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

59-1812461

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FITZGEORGE, ELAINE
 826 SE 46TH LANE
 CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name
ZUMINO AUGUST / C-21 SUNBELT REALTY
 Street Address (P.O. Box Number is Not Acceptable)
506 SW 47TH TERRACE
 City
CAPE CORAL FL Zip Code
33914

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
 min. will be \$236.25.

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 | D BUCHMANN, MARGARETE 2726 SE 24 PL CAPE CORAL FL 33904 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD EDER, RONALD N 56 E 36580 USBON RD OCONOMOWOC WI 53066 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD CASE, ELEANOR F 912 SE 46 ST, 101 CAPE CORAL FL 33904 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LA ROSA, NATE 906 SE 46TH STREET UNIT 103 CAPE CORAL FL 33904 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BOHRER, DORSTHEE 4715 CORONADO PKWY CAPE CORAL FL 33904 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TVO HYDE, CARLTON 912 SE 46TH ST CAPE CORAL FL 33904 | <input checked="" type="checkbox"/> Delete |

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT - D SAME | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE-PRES - D GEORG GUTSCH 912 SE 46th St. #202 CAPE CORAL, FL 33904 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC/TREAS - D HELENA HEMMING 2490 TALBOTS LN BROOKFIELD, WI 53045 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

CR2E037 (4/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 817, 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: *Elaine FitzGeorge*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____