

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 29, 2003 8:00 am
Secretary of State

05-29-2003 90133 023 ****61.25

0001255

DOCUMENT # 739663

1. Entity Name
VILLA GRANDE I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ZUNINO AUGUST C-21 SUNBELT REALTY
506 SW 47TH TERRACE
CAPE CORAL FL 33914

7. Name and Address of New Registered Agent

Name **Paola Zunino**

Street Address (P.O. Box Number is Not Acceptable)
90 Century 21 Sunbelt

City **Cape Coral** State **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 *Paola Zunino* DATE *5/27/03*

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CASE, ELEANOR F	
STREET ADDRESS	912 SE 46 ST, 101	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GLITSCH, GEORGE	
STREET ADDRESS	912 SE 46TH ST #202	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HEMMING, HELENA	
STREET ADDRESS	2490 TALBOTS LN	
CITY-ST-ZIP	BROOKFIELD WI 53045	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Eleanor Case* DATE: *5-27-03*

CR2E037 (10/02)