

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 14, 2000 8:00 am**  
**Secretary of State**

07-14-2000 90002 042 \*\*\*\*61.25

**DOCUMENT # 739676**

1. Entity Name

VILLA GRANDE II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1106 SE 46TH ST.  
 APT. 103  
 CAPE CORAL FL 33904  
 US

Mailing Address

1106 SE 46TH ST.  
 APT. 103  
 CAPE CORAL FL 33904  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2041053

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRIGHT, PETER ELLISON  
 2301 MCGREGOR BLVD.  
 FT. MYERS FL

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**  
**After September 13, 2000 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  Delete  
 NAME **D RAGONE, GERARD**  
 STREET ADDRESS **1106 SE 46TH ST, #202**  
 CITY-ST-ZIP **CAPE CORAL, FL 00000 33904**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D DALY, DAN**  
 STREET ADDRESS **1106 SE 46 STR #103**  
 CITY-ST-ZIP **CAPE CORAL FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D DALY, KATHERINE**  
 STREET ADDRESS **1106 SE 46 STR #103**  
 CITY-ST-ZIP **CAPE CORAL FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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: *DAN DALY* **DALY**

7-6-00 549 1639

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)