

2/8/0

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 27, 2001 8:00 am
Secretary of State

02-08-2001 90182 004 ****61.25

DOCUMENT # 742698

1. Entity Name

VERSAILLES OWNERS ASSOCIATION, INC.

Principal Place of Business

**605 S GULFSTREAM AVE.
SARASOTA FL 34236**

Mailing Address

**605 S GULFSTREAM AVE.
SARASOTA FL 34236**

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

59-1890648

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ABEL, HARVEY J
240 S. PINEAPPLE AVENUE
SARASOTA FL 34236**

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**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

TITLE	DVP	<input type="checkbox"/> Delete
NAME	PIAZZA, ARNOLD	
STREET ADDRESS	605 GULFSTREAM AVE.	
CITY-ST-ZIP	SARASOTA FL 34236	

TITLE	D	<input type="checkbox"/> Delete
NAME	KORB, RICHARD	
STREET ADDRESS	7049 DEL LAGO DR.	
CITY-ST-ZIP	SARASOTA FL 34238	

TITLE	PD	<input type="checkbox"/> Delete
NAME	VANZANDT, THOMAS	
STREET ADDRESS	605 GULFSTREAM AVE.	
CITY-ST-ZIP	SARASOTA FL 34236	

TITLE	DT	<input type="checkbox"/> Delete
NAME	JONES, WALTER S	
STREET ADDRESS	605 GULFSTREAM AVE.	
CITY-ST-ZIP	SARASOTA FL 34236	

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	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark Moore	
STREET ADDRESS	605 S. Gulfstream Ave	
CITY-ST-ZIP	SARASOTA, FL 34236	

TITLE	Vice Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan Harty	
STREET ADDRESS	605 S. Gulfstream Ave "D"	
CITY-ST-ZIP	SARASOTA, FL 34236	

TITLE	John	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bobbie Hicks	
STREET ADDRESS	605 S. Gulfstream Ave "D"	
CITY-ST-ZIP	SARASOTA, FL 34236	

TITLE	See Kinky Cardello	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	605 S. Gulfstream Ave "D"	
STREET ADDRESS	SARASOTA, FL 34236	
CITY-ST-ZIP		

TITLE	At Large	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Don Spivay	
STREET ADDRESS	605 S. Gulfstream Ave "D"	
CITY-ST-ZIP	SARASOTA, FL 34236	

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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/01 957-8434

CR2E037 (10/00)