

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 28, 2002 8:00 am**
Secretary of State

01-28-2002 90010 029 ****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

4. FEI Number

59-1890648

Applied For

Not Applicable

Zip

Country

Zip

Country

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 \$61.259. 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	P	MOORE, MARTIN	605 GULFSTREAM AVE. SARASOTA FL 34236		P	SUSAN LOWY	605 S. Gulfstream Ave Sarasota, FL 34236
	D	LOWY, SUSAN	605 S GULFSTREAM AVE SARASOTA FL 34236		VP	JEFF FORBES	1943 Barber Rd Sarasota, FL 34240
	TD	HICKS, BOBBI	605 GULFSTREAM AVE. SARASOTA FL 34236			SAME	
	SD	CARDELLIO, KRISTY	605 GULFSTREAM AVE. SARASOTA FL 34236			SAME	
	DAL	SPIVEY, DON	605 S GULFSTREAM AVE SARASOTA FL 34236			SAME	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)