

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744673

1. Entity Name

VILLA MAR HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

1600 N. OCEANSHORE BLVD
P O BOX 599
FLAGLER BEACH FL 32136

Mailing Address

1600 N. OCEANSHORE BLVD
P O BOX 599
FLAGLER BEACH FL 32136

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

59-2065161

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

SAPIENZA, STEPHEN
300 N. STATE ST
BUNNELL FL 32110

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME RICHARDSON, GENIE
STREET ADDRESS 1605 N. OCEANSHORE BLVD.
CITY-ST-ZIP FLAGLER BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME STECKLER, EDWARD
STREET ADDRESS 1615 N OCEANSHORE BLVD
CITY-ST-ZIP FLAGLER BEACH-FL 32136

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME OBRIEN, TOM
STREET ADDRESS 1607 N OCEANSHORE BLVD
CITY-ST-ZIP FLAGLER BEACH FL 32136

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME WRIGHT, BETTY
STREET ADDRESS 1603 N. OCEANSHORE BLVD.
CITY-ST-ZIP FLAGLER BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME MULVANEY, VICKIE
STREET ADDRESS 1623 N. OCEANSHORE BLVD.
CITY-ST-ZIP FLAGLER BEACH FL 32136

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

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 Edward K. Steckler EDWARD K. STECKLER (TREASURER) 1-4-01 (904) 439-0246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90062 024 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)