

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90105 034 ****61.25

DOCUMENT # 745014

1. Entity Name
VERSAILLES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 4722 1ST PLACE CAPE CORAL FL 33910	Mailing Address 4722 1ST PLACE CAPE CORAL FL 33904-8313
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2. Principal Place of Business 4722 SE 1ST PLACE Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 100831 Suite, Apt. #, etc.
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City & State CAPE CORAL, FLORIDA	City & State CAPE CORAL, FLORIDA	4. FEI Number 59-1966207	Applied For <input type="checkbox"/> Not Applicable
Zip 33904	Country U.S.A.	Zip 33910	Country U.S.A.



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CROSS, PHILLIP
4722 SE 1ST PLACE #2
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent
 Name
BARBARA OLSON
 Street Address (P.O. Box Number is Not Acceptable)
PROFESSIONALLY YOURS, INC
1342 SE 46TH LANE #3
 City
CAPE CORAL **FL** ^{Zip Code} **33904**

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 *Barbara P. Olson*
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete O'NEILL, WILLIAM P 4722 SE 1ST PLACE, #9 CAPE CORAL FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete PHILLIP L CROSS 4722 SE 1ST PLACE #2 CAPE CORAL FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Delete BRUENOLI, GLORIA 4722 SE 1ST PLACE, #14 CAPE CORAL FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William P. O'Neill* *4-28-00*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)