

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90292 019 \*\*\*\*61.25

**DOCUMENT # 749766**

1. Entity Name

VILLA VALENCIA GARDEN CONDOMINIUM ASSOCIATION, I

Principal Place of Business  
**JOHNNIE MAE WOODRUFF**  
~~ROHRER, PATRICIA~~  
 P O BOX 47411  
 ST PETERSBURG FL 33743-4411  
 US

Mailing Address  
**JOHNNIE MAE WOODRUFF**  
~~ROHRER, PATRICIA~~  
 P O BOX 47411  
 ST PETERSBURG FL 33743-7411  
 US

732681



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2059333

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

~~SCHNEIDER, VIVIAN~~ MARY ANN NUGENT  
 6008 22ND AVE N  
 ST. PETERSBURG FL 33710

Name ~~EDITH M. KELLER~~ MARY ANN NUGENT  
 Street Address (P.O. Box Number is Not Acceptable)  
~~6026 22ND AVE. NORTH - B4~~  
 6044 22ND Avenue North - C2  
 City ST. PETERSBURG, FL Zip Code 33710

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 MARY ANN NUGENT Mary Ann Nugent 4/20/00  
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	<input checked="" type="checkbox"/> Delete
NAME	MCCLEARY, PAT	
STREET ADDRESS	6044 22ND AVE N. C4	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ROHRER, PATRICIA	
STREET ADDRESS	6062 22ND AVE N., D-5	
CITY-ST-ZIP	ST. PETE FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GASKIN, ANDREA	
STREET ADDRESS	6080 22ND AVE N E-5	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SCHNEIDER, VIVIAN	
STREET ADDRESS	6008 22ND AVE., N	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, CHRISTOPHER	
STREET ADDRESS	6080 22ND AVE N E-3	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GRESS, JOANN	
STREET ADDRESS	6080 22ND AVE., N	
CITY-ST-ZIP	ST PETE FL 33710	

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNNIE MAE WOODRUFF	
STREET ADDRESS	6026 22ND AVE NORTH - B2	
CITY-ST-ZIP	ST. PETERSBURG, FL	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDITH M. KELLER	
STREET ADDRESS	6026 22ND AVE NORTH - B4	
CITY-ST-ZIP	ST PETERSBURG, FL	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY ANN NUGENT	
STREET ADDRESS	6044 22ND AVE. NORTH - C2	
CITY-ST-ZIP	ST. PETERSBURG, FL.	
TITLE	VICE PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICIA MC CLEARY	
STREET ADDRESS	6044 22ND AVE. NORTH - C4	
CITY-ST-ZIP	ST. PETERSBURG, FL.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: EDITH M. KELLER - TREASURER Edith M Keller 4/20/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (727) 343-3502

CR2E037 (9/99)