2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
05-01-2001 90067 031 ****61.25

DOCUMENT # 749766

1. Entity Name

VILLA VALENCIA GARDEN CONDOMINIUM ASSOCIATION, I

Principal Place of Business	Mailing Address
%ROHRER, PATRICIA P O BOX 47411 ST PETERSBURG FL 33743-4411 US	%ROHRER, PATRICIA P O BOX 47411 ST PETERSBURG FL 33743-4411 US

C005712U

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6044 22 AVE. N	c/o RESOURCE Prop. Mgmt 5901 SUN BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc. #200
City & State: ST. PETERSBURG FL	City & State: ST. PETERSBURG FL
Zip: 33710 / Country: USA	Zip: 33715 / Country: USA

4. FEI Number: 59-2059333 — 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
SCHNEIDER, VIVIAN 6008 22ND AVE N ST. PETERSBURG FL 33710	Name: RESOURCE PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable): 5901 SUN BLVD #200 City: ST. PETERSBURG FL Zip Code: 33715

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] 4-9-01

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 NAME: MCCLEARY, PAT STREET ADDRESS: 6044 22ND AVE N. C4 CITY-ST-ZIP: ST. PETERSBURG FL	☐ Delete	TITLE: SD NAME: STREET ADDRESS: CITY-ST-ZIP: 33710	☒ Change ☐ Addition
TITLE: T NAME: ROHRER, PATRICIA STREET ADDRESS: 6062 22ND AVE N., D-5 CITY-ST-ZIP: ST. PETE FL	☒ Delete	TITLE: VPD NAME: CHARMAIN COURTNEY STREET ADDRESS: 6062 22 AVE. N D-4 CITY-ST-ZIP: ST PETERSBURG FL 33710	☒ Change ☒ Addition
TITLE: S NAME: GASKIN, ANDREA STREET ADDRESS: 6080 22ND AVE N E-5 CITY-ST-ZIP: ST. PETERSBURG FL 33710	☐ Delete	TITLE: PD NAME: STREET ADDRESS: CITY-ST-ZIP:	☒ Change ☐ Addition
TITLE: T NAME: SCHNEIDER, VIVIAN STREET ADDRESS: 6008 22ND AVE., N CITY-ST-ZIP: ST. PETERSBURG FL 33710	☒ Delete	TITLE: D NAME: TRACY ELKAHLY STREET ADDRESS: 6080 22AVE. N. E-1 CITY-ST-ZIP: ST. PETERSBURG FL 33710	☐ Change ☒ Addition
TITLE: D NAME: WRIGHT, CHRISTOPHER STREET ADDRESS: 6080 22ND AVE N E-3 CITY-ST-ZIP: ST. PETERSBURG FL	☒ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: S NAME: GRESS, JOANN STREET ADDRESS: 6080 22ND AVE., N CITY-ST-ZIP: ST PETE FL 33710	☐ Delete	TITLE: TD NAME: STREET ADDRESS: CITY-ST-ZIP:	☒ Change ☐ 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: [signature] 727-864-0004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/00)