

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

0064640

DOCUMENT # 750125

1. Entity Name

VILLA MADEIRA CONDOMINIUM ASSOCIATION, INC.

04-26-2001 90246 012 *****61.25

| | |
|---|---|
| Principal Place of Business C/O PROFESSIONAL CONDO CONCEPTS, INC. 2181 INDIAN ROCKS RD. S., SUITE 1 LARGO FL 33774 US | Mailing Address C/O PROFESSIONAL CONDO CONCEPTS, INC. 2181 INDIAN ROCKS RD. S., SUITE 1 LARGO FL 33774 US |
|---|---|

0 4 6 0 4 0



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-2222487 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|---|--|--|--|--|--|----|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| MCCONNELL, NICOLA 2181 INDIAN ROCKS RD. S. SUITE 1 LARGO FL 33774 | | | | Name | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | City | | FL | |

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. <input type="checkbox"/> | \$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 | PD LANGLEY, BROCK C/O 2181 INDIAN ROCKS RD.S., #1 LARGO FL 33774 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD VICKI STASI C/O 2181 INDIAN ROCKS RD. S., #1 LARGO, FL 33774 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CARBY, PATSY C/O 2181 INDIAN ROCKS RD.S., #1 LARGO FL 33774 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD AMY RINALDI C/O 2181 INDIAN ROCKS RD.S., #1 LARGO, FL 33774 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRD JOHNSON, BEVERLY C/O 2181 INDIAN ROCKS RD.S., #1 LARGO FL 33774 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRD RUDY CONSONI C/O 2181 INDIAN ROCKS RD.S., #1 LARGO, FL 33774 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD RINALDO, AMELIA C/O 2181 INDIAN ROCKS RD.S., #1 LARGO FL 33774 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD VINCE VITRANO C/O 2181 INDIAN ROCKS RD.S., #1 LARGO, FL 33774 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NAPOLI, ANTONIO C/O 2181 INDIAN ROCKS RD.S., #1 LARGO FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CIMINO, BERNIE C/O 2181 INDIAN ROCKS RD.S., #1 LARGO FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LINA BERNARDI C/O 2181 INDIAN ROCKS RD.S., #1 LARGO, FL 33774 <input type="checkbox"/> Change <input checked="" 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: Vicki Stasi **VICKI STASI** 4/26/01 727-584-6675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)