

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90969 001 \*\*\*\*61.25

**DOCUMENT # 750125**

1. Entity Name  
**VILLA MADEIRA CONDOMINIUM ASSOCIATION, INC.**



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

11021350



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**JOERDMAN PROP. MGMT, INC**  
Suite, Apt. #, etc.  
**405 CENTRAL AVE. STE. 111**  
City & State  
**ST. PETERSBURG, FL**  
Zip  
**33701**  
Country  
**USA**

3. Mailing Address  
**JOERDMAN PROP. MGMT**  
Suite, Apt. #, etc.  
**P.O. Box 729**  
City & State  
**ST. PETERSBURG, FL**  
Zip  
**33731-0729**  
Country  
**USA**

4. FEI Number **59-2222487** Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** - Additional Fee Required

6. Name and Address of Current Registered Agent  
**MCCONNELL, NICOLA**  
**2181 INDIAN ROCKS RD. S.**  
**SUITE 1**  
**LARGO FL 33774**

7. Name and Address of New Registered Agent  
Name **JJ ERDMAN**  
Street Address (P.O. Box Number is Not Acceptable)  
**405 CENTRAL AVE. STE. 111**  
City **ST. PETERSBURG** FL Zip Code **33701**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE **3/11/03**  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	STASI, DOMICIN			NAME	RAY SMITH		
STREET ADDRESS	C/O 2181 INDIAN ROCKS RD.S., #1			STREET ADDRESS	68 MOORFIELDS COURT		
CITY-ST-ZIP	LARGO FL 33774			CITY-ST-ZIP	EAST AMHERST, NY 14051		
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	RINALDI, AMY			NAME	COLIN ANTHONY		
STREET ADDRESS	C/O 2181 INDIAN ROCKS RD.S., #1			STREET ADDRESS	17418 RADCLIFFE PLACE DRIVE		
CITY-ST-ZIP	LARGO FL 33774			CITY-ST-ZIP	WILLOWOOD, MO 63025		
TITLE	TRD	<input checked="" type="checkbox"/> Delete		TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CONSONI, RUDY			NAME	AMY RINALDI		
STREET ADDRESS	C/O 2181 INDIAN ROCKS RD.S., #1			STREET ADDRESS	35 LYDIA ROAD		
CITY-ST-ZIP	LARGO FL 33774			CITY-ST-ZIP	COVENTRY, RI 02816		
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	VITRANO, VINCE			NAME	DANIEL MCMAHUS		
STREET ADDRESS	C/O 2181 INDIAN ROCKS RD.S., #1			STREET ADDRESS	20-2903 RIVER COURT		
CITY-ST-ZIP	LARGO FL 33774			CITY-ST-ZIP	JERSEY CITY, NJ 07310		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	NAPOLI, ANTONIO			NAME	WILLIAM CARBY		
STREET ADDRESS	C/O 2181 INDIAN ROCKS RD.S., #1			STREET ADDRESS	2901 SENECA PARK ROAD		
CITY-ST-ZIP	LARGO FL			CITY-ST-ZIP	LOUISVILLE, KY 40205		
TITLE	D	<input type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FINNEY, PHIL			NAME			
STREET ADDRESS	C/O 2181 INDIAN ROCKS RD.S., #1			STREET ADDRESS			
CITY-ST-ZIP	LARGO FL 33774			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: REQUIRED

4/20/03 727-392-8536

CR2E037 (10/02)