

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763507

1. Entity Name

WILLIAMSBURG PROFESSIONAL CONDOMINIUM ASSOCIATIO

Principal Place of Business

280 TAMiami TRIAL N
NAPLES FL 34102
US

Mailing Address

280 TAMiami TRIAL N
NAPLES FL 34102
US

2. Principal Place of Business

3. Mailing Address

1221 GULF SHORE BLVD. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

902

City & State

City & State

NAPLES, FLORIDA

Zip

Country

Zip

Country

34102

USA

6. Name and Address of Current Registered Agent

WEISS, ALLEN S
1221 GULF SHORE BLVD. N.
NAPLES FL 34102

4. FEI Number

59-2225058

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. ☐

\$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
STD
JOHNSON, TERRANCE
290 TAMiami TRAIL N
NAPLES FL 34102 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
COLIN KANAR
290 TAMiami TRAIL N
NAPLES, FL 34102 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WEISS, ALLEN S.
280 TAMiami TRAIL N
NAPLES FL 34102 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
REGALA, PHILLIP
270 TAMiami TRAIL N
NAPLES FL 34102 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 25, 2001 941-261-6875

Date

Daytime Phone #

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90081 020 ****61.25

00022880



DO NOT WRITE IN THIS SPACE

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