2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT # 765361

1. Entity Name

VILLANOVA COLONNADE CONDOMINIUM, SECTION I, ASSO



Principal Pla	ce of Business		Mailing Address						
9871 ALABAMA STREET BONITA SPRINGS FL 34135			PO BOX 2507 BONITA SPRINGS FL 34133						
SUNITA SPRI	NG9 LL 24132		BONNA GENINGS EL 3415.	,					
O Deimain al	Diago of Duniago		I B Mailing Address						
2. Principal Place of Business			3. Mailing Address Suite, Apt. #, etc. City & State		1 100117 10010 0110) 0 0 0	1 3 (0 f) 1 9 0)	
Suite, Apt. #, etc.						CHECK HERE IF MAKING CHANGES			
City & State		4. FEI Number 59-2335821				plied For			
					No	t Applicable			
Zip — Country —		Zip*	Country	5. Certificate of Status Desired \$8.75 Additional					
6. Name and Address of Current F			Registered Agent	istered Agent		7. Name and Address of New Registered Agent			
				Name			10/11	-	
MOORE, HENRY 9871 ALABAMA STREET				Street Address (P.C		t Acceptable)	_		
						. ,			
#6				[
BONITA SPRINGS FL 34135				City		FL.	Zip Code	-	
	e named entity si	ibmits this statement for	the purpose of changing its	registered office or regis	stered agent or both in th		 miliar with	and accent	
	ations of registere								
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GNATURE		······································		· · · · · · ·	<u></u>				
	Signature, typed or p	rinted name of registered agent a	nd title if applicable. (NOTE	E: Registered Agent signature req	uired when reinstating)	DATE			
FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$23			1	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Make Check Payable to			
After Sep	tember 10, 20	J03, min Will be \$23	36.25 Irust Fund C	entribution. \square	Added to Fees	Florida Departn	nent of S	itate	
10									
TITLE		OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRE	CTORS IN	10	
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12. Thereby 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.

CITY-ST-ZIP

SIGNATURE:

Sep 04, 2003 8:00 am Secretary of State

02-10-2003 90397 027 ****61.25

09-04-2003 90058 046 ****61.25