

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765625

1. Entity Name

VILLANOVA COLONNADE CONDOMINIUM, SECTION II, ASS

Principal Place of Business

Mailing Address

27657 OLD 41
P O BOX 2507
BONITA SPRINGS FL 33959-2507

27657 OLD 41
P O BOX 2507
BONITA SPRINGS FL 34133-2507

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2335819

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LUCKEY, FLOYD JR.
5164 BONITA BEACH RD SW
BONITA SPRINGS FL 33923

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
VD
MARIAM, HAILLE
9861 ALABAMA STREET #1
BONITA SPRINGS FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change
Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LUCKEY, FLOYD JR.
5164 BONITA BEACH RD SW
BONITA SPRINGS FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change
Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
NO LONGER
OWNED
HENGEL, DAVID
28 THIRD ST
BONITA SPGS. FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change
Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BARBARA LUCKEY
5164 BONITA BEACH RD SW
BONITA SPRINGS, FL 34134

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STOP STD
Change
Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change
Addition

TITLE
NAME
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/00

941-947-4109

Date Daytime Phone #