

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90088 031 \*\*\*\*61.25

**DOCUMENT # 767165**

1. Entity Name

**VIRGINIA ANN CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

839-905 SW 48TH TERRACE  
 CAPE CORAL FL 33914  
 US

P O BOX 792  
 CAPE CORAL FL 33910-0700

2. Principal Place of Business

**CENTURY 21 SUNBELT REALTY**

Suite, Apt. #, etc.

506 S.W. 47th Terrace

City & State

Cape Coral, FL

Zip

33914

Country

USA

3. Mailing Address

**CENTURY 21 SUNBELT REALTY**

Suite, Apt. #, etc.

506 S.W. 47th Terrace

City & State

Cape Coral, FL

Zip

33914

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2351702

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**JENSEN, CLAYTON E**  
 4419 SE 20TH PL  
 CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

**AUGUST ZIININO**

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

**CENTURY 21 SUNBELT REALTY**

506 S.W. 47th Terrace

City

Cape Coral

FL

Zip Code  
 33914

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

*3-20-00*

**FILE NOW:**  
**FEES \$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

TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	<b>FRITSCH, RAYMOND</b>	
STREET ADDRESS	<b>905 SW 48TH TERR #203</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>	
TITLE	DP	<input type="checkbox"/> Delete
NAME	<b>WARD, RUTH</b>	
STREET ADDRESS	<b>839 SW 48TH TERRACE #107</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>	
TITLE	DT	<input type="checkbox"/> Delete
NAME	<b>STRAKA, LENORE</b>	
STREET ADDRESS	<b>839 SW 48TH TERRACE #107</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>	
TITLE	DS	<input type="checkbox"/> Delete
NAME	<b>QUAGLIATO, CARMEN</b>	
STREET ADDRESS	<b>839 SW 48TH TERR #205</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STRAKA, ROBERT</b>	
STREET ADDRESS	<b>839 S.W. 48th Terrace #107</b>	
CITY-ST-ZIP	<b>Cape Coral, FL 33914</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Ruth W Ward*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4-26-00 9415425169*

CR20007 (0/00)