

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90342 007 ****61.25

DOCUMENT # 767698

1. Entity Name

VILLANOVA COLONNADE CONDOMINIUM, SECTION III, AS

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2651651

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PUOPOLO, DAVID
27651 OLD 41
BONITA SPRINGS FL 33923

7. Name and Address of New Registered Agent

Name

Lawrence Perez

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

27657 Old 41 Rd.

City

Bonita Springs

FL

Zip Code

34135

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

Lawrence Perez

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/01/01

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

TITLE **PTD** ☐ Delete
NAME **LUCKEY, R.F. JR**
STREET ADDRESS **5164 BONITA BCH RD.**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **VSD** ☐ Delete
NAME **KELLY, JOSEPH**
STREET ADDRESS **25810 COCKLESHELL DR. #218**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **D** ☐ Delete
NAME **PUOPOLO, DAVID**
STREET ADDRESS **27657 OLD 41**
CITY-ST-ZIP **BONITA SPRINGS FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)