

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State
 06-05-2000 90050 028 ****61.25

DOCUMENT # 769767
 1. Entity Name Villas del Sol Homeowners Association, Inc

Principal Place of Business 28200 Belmont Road
Punta Gorda, FL
33982
 Mailing Address Same

2. Principal Place of Business 28200 Belmont Road
 Suite, Apt. #, etc.
 3. Mailing Address 28200 Belmont Road
 Suite, Apt. #, etc.

City & State Punta Gorda, FL
 Zip 33982 Country USA
 City & State Punta Gorda, FL
 Zip 33982 Country USA

4. FEI Number 59-1501038
 Applied For ☐ Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DePlonty, Duane E.
6149 misty oaks court
Sarasota, FL 34243

7. Name and Address of New Registered Agent
 Name Maryann Olson
 Street Address (P.O. Box Number is Not Acceptable) 2679 man of war circle
 City Sarasota FL 34240

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 Maryann Olson Maryann Olson 05-23-00
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	President DUANE E. DePlonty 6149 misty oaks court Sarasota, FL 34243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Joan J. DePlonty 6149 misty oaks court Sarasota, FL 34243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Maryann Olson 2679 man of war circle Sarasota, FL 34240	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Carol E. Vaughn 20177 Dante Ave. Port Charlotte, FL 33952	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Maryann Olson 2679 man of war circle Sarasota, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Maryann Olson 05-23-00 941-639-0663
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)