## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## J23594 DOCUMENT #

1. Entity Name

THE CENTURY 21 HOMEOWNERS ASSOCIATION, INC.



**FILED** Feb 07, 2003 8:00 am Secretary of State 02-07-2003 90069 033 \*\*\*150.00



Principal Place (A) WESTE SELVELINI OF	MXX <sup>*</sup>	Mailing Address C/O ROBERT BURANDT POST OFFICE BOX 535 CAPE CORAL FL 33904										
	ace of Business	3. Mailing Address				1 (8 6)(50		()(#) B()(B (B)(( B)()	<b>P</b>   <b>B</b>   <b>B</b>   <b>B</b>	916:1 A1911 E11	BH 9/8() 1901	
Willia: Suite, Apt.	m Gordon	Suite, Apt. #, etc.										
•		Julie, Apr. II, clo.					X CHE	CK HERE IF MA	AKING (	HANGES		
16315 Gemini Ct City & State		City & State				. FEI Numb	er 59-2	800929	•	<u> </u>	plied For	
Et. Mye	ers, Florida							.000000			ot Applicable	
⁻ Zip	Country Zip		Coun	Country		5. Certificate of Status Desired				<b>8.75</b> Add ee Require		
33908	6. Name and Address of Current F	Registered Agent	_		7	'. Name and	Addres	s of New Regist				
	U. Name and Address of Current	Carried addition	- <u> </u>	Name	<del></del>	~ <del>~</del> !				-	-	
BURANDT, ROBERT B ESQ.				Chur et A	Ideana (D.O	. One Numbe	r in Not	Aggaptable)		<del></del>		
-	CORAL PRKWAY		Street Address			s (P.O. Box Number is Not Acceptable)						
	AL FL 33904											
0,412 00.				City					FL	Zip Code	e	
										<u> </u>	<del></del>	
	named entity submits this statement for	the purpose of changing its	register	ed office or	registered	agent, or bo	th, in the	State of Florida.	I am fa	miliar with,	and accept	
the obligati	ons of registered agent.					,						
SIGNATURE .				4 8 4 - 1 4		an referencions)			DATE			
-	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Hegistere	d Agent signatur	e required write	en reinstaurig)		1.5%	DAIL		<del> </del>	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State		-				ampaign Financi Contribution.	ng 🔲		<b>0</b> May Be d to Fees	
10.	OFFICERS AND I		11.			ADDITIONS,	/CHANG	ES TO OFFICER	S AND I	DIRECTOR	S IN 11	
	PD · · ·	<b>S</b> Delete	TITL			•				Change	Addition	
	WHITNEY, WILBERT	Λ	NAM	E	PD					77		
STREET ADDRESS	634 GEMINI CT			ET ADDRESS		don, V					22000	
CITY-ST-ZIP	FT MYERS FL 33908		-	-ST-ZIP		<del></del>	ıını	Court,		Myers		
TITLE	VPD _	🔀 Delete	TITL	1	VPD			•	~ .	Change	X Addition	
NAME	CLARK, EDWIN		NAM	ET ADDRESS	Bur.	ke, Wa 92 Apo	yne	Dr				
STREET ADDRESS 1 CITY-ST-ZIP	S 632 GEMINI CT FT MEYERS FL 33908			-ST-ZIP		Myers,						
TITLE	DC	Delete				myers,				Change_	Addition	
NAME *	GORDON, WILLIAM	X Delete -	NAM			rk, Ed						
STREET ADDRESS	594 GEMINI CT			ET ADDRESS		14 Gen		Ct				
CITY-ST-ZIP	FT MYER FL 33908	· ***	CITY	-ST-ZIP				<del>33908</del>	}			
TITLE	π .	☐ Delete	TITL		SD	<u> </u>				☐ Change	Addition	
NAME	HETZELT, STELLA		NAM	- 1		n Suth	erla	and				
STREET ADDRESS	352 APOLLO DRIVE			ET ADDRESS -ST-ZIP	121	96 Apc	110	Dr.				
CITY-ST-ZIP	FT MYERS FL 33908		_		Ft	Myers,	FL	Dr. 33908		Change	Addition	
TITLE	U ALVADEZ VELMA	Delete	TITL							வவர		
NAME STREET ADDRESS	ALVAREZ, VELMA 623 B GEMINI CT			EET ADDRESS								
CITY-ST-ZIP	FT MYERS FL 33908		CITY	-ST-ZiP								
TITLE	D	☐ Delete	TITL	E			•			☐ Change	Addition	
NAME	LAFFERTY, ROBERT		NAM	IE								
STREET ADDRESS	459 APOLLO DR			EET ADDRESS								
CITY-ST-ZIP	FT MYERS FL 33908			'-ST-ZIP								
indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo	true and accurate and that r	ทง รเตทอ	ture shall ha	ave the sar	me leaal effe	ct as it m	iade under oatn:	tnat i ar	n an oilicei	r or airector	

changed, or on an attachment with an address, with all other like em

SIGNATURE: \_