

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90360 005 ****61.25

0005328

DOCUMENT # N00000001610

1. Entity Name

VILLAS AMALFI CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

5051 CASTELLO DR. SUITE 224
 NAPLES FL 34103

Mailing Address

5051 CASTELLO DR. SUITE 224
 NAPLES FL 34103

2. Principal Place of Business

3. Mailing Address

5811 Pelican Bay Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

208

City & State

City & State

Naples FL

4. FEI Number

Applied For
 Not Applicable

Zip

Country

Zip

Country

34108

Collier

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

BARNETT, LISA H
CHEFFY PASSIDOMO WILSON & JOHNSON
 821 5TH AVE S, SUITE 102
 NAPLES FL 34102

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	D	<input type="checkbox"/> Delete
NAME	BOURASSA, PETER	
STREET ADDRESS	5051 CASTELLO DR, SUITE 224	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input type="checkbox"/> Delete
NAME	DARER, ENRIQUE	
STREET ADDRESS	5051 CASTELLO DR, SUITE 224	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHEINHOLZ, ARTHUR	
STREET ADDRESS	5051 CASTELLO DR, SUITE 224	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
TITLE	mem	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Coleman, Stephen	
STREET ADDRESS	5811 Pelican Bay Blvd. Ste 208	
CITY-ST-ZIP	Naples FL 34108	
TITLE	mem	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Coleman, Mark	
STREET ADDRESS	5811 Pelican Bay Blvd. Ste 208	
CITY-ST-ZIP	Naples FL 34108	
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 687, 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 of Stephen Coleman
SIGNATURE REQUIRED

2/23/01

941-566-2715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)