

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2001 8:00 am
Secretary of State

05-11-2001 90461 010 ****70.00

DOCUMENT # N00000008381

1. Entity Name

MONTREUX VILLAGE ASSOCIATION, INC.

Principal Place of Business

**801 LAUREL OAK DRIVE STE 710
 NAPLES FL 34108**

Mailing Address

**801 LAUREL OAK DRIVE STE 710
 NAPLES FL 34108**

47674

2. Principal Place of Business

3200 Tamiami Trail N.

3. Mailing Address

3200 Tamiami Trail N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

Suite 200

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number

59-3696495

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

34103

Zip

Country

34103

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WOODWARD, MARK
 801 LAUREL OAK DRIVE STE 710
 NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name

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

3200 Tamiami Trail N., Suite 200

City

Naples

FL

Zip Code

34103

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

TITLE **P** ☐ Delete
 NAME **PARISI, JOSEPH L**
 STREET ADDRESS **801 LAUREL OAK DRIVE STE 710**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE **S** ☐ Delete
 NAME **BRATEN, STEVEN R**
 STREET ADDRESS **801 LAUREL OAK DRIVE STE 710**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE **S** ☐ Delete
 NAME **MARCHESSAULT, GERI**
 STREET ADDRESS **801 LAUREL OAK DRIVE STE 710**
 CITY-ST-ZIP **NAPLES FL 34108**

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 **PD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3470 Club Center Blvd.**
 CITY-ST-ZIP **Naples, FL 34114**

TITLE **SD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3470 Club Center Blvd.**
 CITY-ST-ZIP **Naples, FL 34114**

TITLE **SD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3470 Club Center Blvd.**
 CITY-ST-ZIP **Naples, FL 34114**

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

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

TITLE ☐ Change ☐ 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 to this filing, with another like empowered.

SIGNATURE: Joseph L Parisi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/01

Date

941 732 9400

Daytime Phone #

CR2E037 (10/00)