

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-07-2003 90174 045 ****61.25

DOCUMENT # N00529

1. Entity Name

EAST VILLAGE MASTER ASSOCIATION, INC.



Principal Place of Business

**3000 EAST VILLAGE DRIVE
VENICE FL 34293**

Mailing Address

**4447 S TAMiami TRAIL
#223
VENICE FL 34293**

2. Principal Place of Business

3. Mailing Address

PO Box 1078



☒ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Venice FL

4. FEI Number **59-2434033**

Applied For

Not Applicable

Zip

Country

Zip

Country

34294 USA

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

**CALDWELL, ANNETTE K
1747 S TAMiami TRAIL
#223
VENICE FL 34293**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete
NAME **MARTYNACK, GENE**
STREET ADDRESS **3255 MEADOW RUN DR**
CITY-ST-ZIP **VENICE FL 34293**

TITLE **D** ☐ Change ☒ Addition
NAME **John Cassidy**
STREET ADDRESS **1598 Quail Lake Dr**
CITY-ST-ZIP **Venice FL 34293**

TITLE **SD** ☐ Delete
NAME **YERICH, BERNICE**
STREET ADDRESS **2202 EAST VILLAGE CT**
CITY-ST-ZIP **VENICE FL 34293**

TITLE **D** ☐ Change ☒ Addition
NAME **Tom Morgan**
STREET ADDRESS **3188 East Village Dr**
CITY-ST-ZIP **Venice FL 34293**

TITLE **PD** ☐ Delete
NAME **DORE, DICK**
STREET ADDRESS **3113 HERON SHORES DRIVE**
CITY-ST-ZIP **VENICE FL 34293**

TITLE **D** ☐ Change ☒ Addition
NAME **Glen Swindler**
STREET ADDRESS **3233 Meadow Run Dr**
CITY-ST-ZIP **Venice FL 34293**

TITLE **VD** ☐ Delete
NAME **VACHON, PAUL**
STREET ADDRESS **3240 MEADOW RUN DRIVE**
CITY-ST-ZIP **VENICE FL 34293**

TITLE **D** ☐ Change ☒ Addition
NAME **Leo Sheehan**
STREET ADDRESS **3018 Sail Point Cir**
CITY-ST-ZIP **Venice FL 34293**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Doug Scott**
STREET ADDRESS **1455 Quail Lake Dr**
CITY-ST-ZIP **Venice FL 34293**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Joe DeMartino**
STREET ADDRESS **3022 Sail Point Cir**
CITY-ST-ZIP **Venice FL 34293**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (10/02)