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

Mailing Address

TAMPA FL 33609

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

Delete

☐ Delete

☐ Delete

☐ Delete

2708 W KENNEDY BLVD

DOCUMENT # N0100005942

Country

6. Name and Address of Current Registered Agent

1. Entity Name

Principal Place of Business

2. Principal Place of Business

2708 W KENNEDY BLVD

Suite, Apt. #, etc.

City & State

Zip

TITLE

NAME

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

MARTINO, THOMAS

TAMPA FL 33609

2708 W KENNEDY BLVD

TAMPA FL 33609

VILLA QUERCIA TOWNHOMES HOMEOWNERS ASSOCIATION, INC.



Apr 21, 2003 8:00 am Secretary of State

FILED

04-21-2003 90472 019 ****61.25

11003082



VAZQUEZ. DAVID ESQ Street Address (P.O. Box Number is Not Acceptable) 2708 W KENNEDY BLVD TAMPA FL 33609 City 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 ne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OF ICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10.. 11. DPS ☐ Delete TITLE ☐ Addition NAME VAZQUEZ, JOE NAME STREET ADDRESS 2708 W KENNEDY BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33609 d ☐ Addition TITLE ☐ Delete ☐ Change TITLE vazquez, david NAME NAME STREET ADDRESS 2708 W KENNEDY BLVD STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33609** CITY-ST-ZIP

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CITY-ST-ZIP

CITY-ST-ZIP

Country

12. I hereby certify that the information supplied with this filling 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: STONAGERE PROLIRE

4/17/03

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☐ Addition

Addition

☐ Addition

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Change

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