

2002 UNIFORM BUSINESS REPORT (UBR)

5/11

**FILED**  
**Jun 18, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90168 019 \*\*\*\*61.25

**DOCUMENT # N01000007921**

1. Entity Name

ALBANY VILLAS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

325 SOUTH BOULEVARD  
 TAMPA FL 33606

325 SOUTH BOULEVARD  
 TAMPA FL 33606

2. Principal Place of Business

**HIO ALBANY**

3. Mailing Address

**2101 W. PLATT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TAMPA FL**

City & State

**TAMPA FL**

Zip

**33606**

Country

**USA**

Zip

**33606**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**OLLOY, DANIEL L**  
 325 SOUTH BOULEVARD  
 TAMPA FL 33606

7. Name and Address of New Registered Agent

Name **JOHN LUM**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2101 W PLATT**  
 City **TAMPA FL** Zip Code **33606**

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

**X APRIL 16 '02**

**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

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TITLE <b>D</b>	<b>LUM, JOHN</b> <input type="checkbox"/> Delete	TITLE <b>D</b>	<b>LUM MARTIN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUM, JOHN</b>	NAME	<b>LUM MARTIN</b>
STREET ADDRESS	<b>325 SOUTH BOULEVARD</b>	STREET ADDRESS	<b>2101 W. PLATT ST. #200</b>
CITY-ST-ZIP	<b>TAMPA FL 33606</b>	CITY-ST-ZIP	<b>TAMPA FL 33606</b>
TITLE <b>D</b>	<b>KOEHLER, KEITH W</b> <input checked="" type="checkbox"/> Delete	TITLE <b>D</b>	<b>LUM MARTIN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOEHLER, KEITH W</b>	NAME	<b>LUM MARTIN</b>
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TITLE <b>D</b>	<b>GULUZIAN, ARAM</b> <input type="checkbox"/> Delete	TITLE <b>D</b>	<b>LUM MARTIN</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an officer then empowered.

SIGNATURE: **APRIL 16 '02**

**X 04/23/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)