

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000007921

1. Entity Name

ALBANY VILLAS ASSOCIATION, INC.

09-16-2002 90101 010 ****61.25

02 SEP 20 PM 1:53

N01000007921

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

325 SOUTH BOULEVARD
TAMPA FL 33606

325 SOUTH BOULEVARD
TAMPA FL 33606

2. Principal Place of Business

410 S. Albany Avenue

3. Mailing Address

410 S. Albany Avenue

Suite, Apt. #, etc.

Unit 5

Suite, Apt. #, etc.

Unit 5

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33606

Country

U.S.

Zip

33606

Country

U.S.

4. FEI Number

04-3643697

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOLLOY, DANIEL L
325 SOUTH BOULEVARD
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name

Dara M. Simon

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

410 S. Albany Avenue, Unit 1

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. 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

After September 13, 2002,
min. will be \$236.25.

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 NAME	D LUM, JOHN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	325 SOUTH BOULEVARD	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE NAME	D KOEHLER, KEITH W	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	325 SOUTH BOULEVARD	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE NAME	D GULUZIAN, ARAM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	325 SOUTH BOULEVARD	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D, P Mark D'Anna	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	410 S. Albany Avenue, Unit 3	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE NAME	D, VP Tamara Hein	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	410 S. Albany Avenue, Unit 2	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE NAME	D, T Dara Simon	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	410 S. Albany Avenue, Unit 1	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE NAME	Thomas Chandler	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	410 S. Albany Avenue, Unit 4	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (4/02)

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 #

9/12/02 813-251-5991