

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90303 034 ****61.25

DOCUMENT # N03155

1. Entity Name

PLAZA GATE TOWNHOMES AND VILLAS ASSOCIATION, INC

Principal Place of Business

Mailing Address

**8141 VILLAGE GATE CT.
 JACKSONVILLE FL 32217
 US**

**8141 VILLAGE GATE CT.
 JACKSONVILLE FL 32217
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2910333**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARY E. CREECY
 8141 VILLAGE GATE CT.
 JACKSONVILLE FL 32217**

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
 NAME **WILLIAMS, PATTI**
 STREET ADDRESS **8173 PLAZA GATE LN**
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **S** ☐ Change ☒ Addition
 NAME **Snyder, Rose Ann**
 STREET ADDRESS **8157 Village Gate Ct**
 CITY-ST-ZIP **Jacksonville, FL 32217**

TITLE **I** ☐ Delete
 NAME **CREECY, MARY E.**
 STREET ADDRESS **8141 VILLAGE GATE CT.**
 CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE **D** ☐ Delete
 NAME **GIMINIANI, MIKE**
 STREET ADDRESS **8137 VILLAGE GATE CT**
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **P** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **SABATINO, SYLVIA**
 STREET ADDRESS **8072 VILLAGE GATE CT**
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **V** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **Pavela, Carolyn**
 STREET ADDRESS **8064 Village Gate Ct**
 CITY-ST-ZIP **Jacksonville, FL 32217**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **Nesmith, Dot**
 STREET ADDRESS **8071 Village Gate Ct**
 CITY-ST-ZIP **Jacksonville, FL 32217**

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: Mary E. Crecy REMARY E. Crecy, Treasurer 4/16/02 904/737-2213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)