

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000011425

1. Entity Name

VIRGINIA COURTYARD VILLAS CONDOMINIUM
ASSOCIATION, INC.



FILED

06 NOV 29 AM 7:58

SECRETARY OF STATE
HALL AT 833 E. PLO 30A

Principal Place of Business

321 VIRGINIA AVENUE
PUNTA GORDA, FL 33950

Mailing Address

321 VIRGINIA AVENUE
PUNTA GORDA, FL 33950

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



11062006

REIN-NP

CR2E099 (11/05)

4. FEI Number

20-5831177

Applied For

Not Applicable

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

GUNDERSON, MIKO P
18501 MURDOCK CIRCLE
SUITE 101
PORT CHARLOTTE, FL 33948-1067

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

Miko P. Gunderson

MIKO P. GUNDERSON

(NOTE: Registered Agent signature required when reinstating)

11-27-06

DATE

FILE NOW!!! FEE IS \$236.25

After January 1, 2007, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	TISEO, ALBERT J	
STREET ADDRESS	24100 TISEO BOULEVARD #4	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980	
TITLE	D	<input type="checkbox"/> Delete
NAME	TISEO, BARBARA	
STREET ADDRESS	24100 TISEO BOULEVARD #4	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	TISEO, CARLO A	
STREET ADDRESS	24100 TISEO BOULEVARD #4	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	200081754222
CITY-ST-ZIP	11/14/06--01014--017 **236.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Albert J. Tiseo

ALBERT J. TISEO

11/7/06

941-629-2558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV 24 2006