2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State
03-26-2001 90050 012 ****61.25

DOCUMENT # N11929

1. Entity Name

ONE CAPRI VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8406 MASSACHUSETTS AVE STE B3 NEW PORT RICHEY FL 34653	8406 MASSACHUSETTS AVE STE B3 NEW PORT RICHEY FL 34653

818089

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10730 U. S. 19	10730 U.S. 19
Suite, Apt. #, etc.: Suite 17	Suite, Apt. #, etc.: Suite 17
City & State: Port Richey, FL	City & State: Port Richey, FL
Zip: 34668 Country: Pasco	Zip: 34668 Country: Pasco

4. FEI Number: 59-2681286 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COMMUNITY MANAGEMENT SERVICES, INC.
8406 MASSACHUSETTS AVE
STE B3
NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

Name: Qualified Property Management, Inc.
Street Address (P.O. Box Number is Not Acceptable): 10730 U.S. 19
Suite 17
City: Port Richey **FL** Zip Code: 34668

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] Date: 3/14/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ ~~GANGEMI, ROSE~~ ~~11530 ORLEANS LANE~~ ~~PORT RICHEY FL~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Hratke, Julius 8314 Antigua Court ~~Port Richey, FL 34668~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~SHELLY, ELIZABETH~~ ~~11600 ORLEANS LANE~~ ~~PORT RICHEY FL 34668~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Burczyk, Kathleen 8300 Antigua Court ~~Port Richey, FL~~ 34668	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LEDOUX, MICHAEL 11607 ORLEANS LANE PORT RICHEY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ TAYLOR, VIRGINIA 8323 MONACO DR PORT RICHEY FL 34668	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Virginia Taylor FILED Date: 3/19/01 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR