2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # N12190** Jan 28, 2000 8:00 am 1. Entity Name **Secretary of State** VILLA ESTA II ASSOCIATION, INC. 01-28-2000 90125 050 ****61.25 Mailing Address Principal Place of Business 26461 EXPLORER RD., UNIT F 26461 EXPLORER RD., UNIT F PUNTA GORDA FL 33983-6342 PUNTA GORDA FL 33983 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2111152 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -:Name Street Address (P.O. Box Number is Not Acceptable) IRELAND, VIRGINIA 26461 EXPLORER RD., UNIT F **PUNTA GORDA FL 33983** Zip Code City 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) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ☐ Change ☐ Addition ☐ Delete TITLE TITLE IRELAND, VIRGINIA NAME NAME STREET ADDRESS 26461 EXPLORER RD., UNIT F STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Punta Gorda FL 33983 Change ☐ Addition ☐ Detete TITLE TITLE OVERHOLSER, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 109 E. KNOLL CT CITY-ST-ZIP CITY-ST-ZIP **NOBLESVILLE IN 46060** □ Change ☐ Addition TITLE ... Delete. TITLE KEPPLER, EMMA NAME NAME STREET ADDRESS STREET ADDRESS 1121 GENESEE CITY-ST-ZIP CITY-ST-ZIP MAYFIELD HEIGHTS OH 44124 ☐ Addition ☐ Change ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

Griginia Ireland 941-627-9794