

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90057 014 ****61.25

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DOCUMENT # N12190

1. Entity Name

VILLA ESTA II ASSOCIATION, INC.

Principal Place of Business

**26461 EXPLORER RD., UNIT F
 PUNTA GORDA FL 33983**

Mailing Address

**26461 EXPLORER RD., UNIT F
 PUNTA GORDA FL 33983**

2. Principal Place of Business

3. Mailing Address

265 TAMiami TR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
PUNTA GORDA FL

4. FEI Number

**50211152
 65-1094468**

Applied For

Not Applicable

Zip

Country

Zip

Country

33950 Charlotte

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required.**

6. Name and Address of Current Registered Agent

**IRELAND, VIRGINIA
 26461 EXPLORER RD., UNIT F
 PUNTA GORDA FL 33983**

7. Name and Address of New Registered Agent

Name
Joan F. Greene
 Street Address (P.O. Box Number is Not Acceptable)
**265 TAMiami TR
 PUNTA GORDA FL 33950**

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

Joan F. Greene

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/1/2002

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PT	IRELAND, VIRGINIA	26461 EXPLORER RD., UNIT F	PUNTA GORDA FL 33983	<input checked="" type="checkbox"/>
VPT	OVERHOLSER, RICHARD	109 E. KNOLL CT	NOBLESVILLE IN 46060	<input type="checkbox"/>
ST	KEPPLER, EMMA	1121 GENESEE	MAYFIELD HEIGHTS OH 44124	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	Robert Schwehr	26461 EXPLORER Rd #H	PUNTA GORDA FL 33983	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Robert Schwehr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/2002

Date

Daytime Phone #

CR2E037 (9/01)