

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90196 029 ****61.25

DOCUMENT # N16979

1. Entity Name
CASABLANCA VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**3420 EAST MARITANA DR.
ST. PETERSBURG FL 33706**

Mailing Address

**6404 67TH DRIVE EAST
PALMETTO FL 34221
US**

90024476



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

3420 MARITANA DR. E

Suite, Apt. #, etc.

Suite, Apt. #, etc.
5

City & State

City & State
ST. PETE BEACH FL

4. FEI Number **59-2872566**

Applied For

Not Applicable

Zip

Country

Zip
33706

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WERTZ, PATRICIA
6404 67TH DRIVE EAST
PALMETTO FL 34221**

7. Name and Address of New Registered Agent

Name **BARBARA L DIEHLS**

Street Address (P.O. Box Number is Not Acceptable)
3420 MARITANA DR. E. # 5

City **ST. PETE BEACH FL** Zip Code **33706**

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 Barbara L Diehls **BARBARA L DIEHLS SEC-TREA** **2/11/03**
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **STD** ☒ Delete
NAME **WERTZ, PATRICIA A.**
STREET ADDRESS **3420 MARITANA DR E #3**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **VD** ☒ Delete
NAME **WERTZ, CORDELL E.**
STREET ADDRESS **3420 MARITANA DR E #3**
CITY-ST-ZIP **ST. PETERSBURG FL 33706**

TITLE **D** ☐ Delete
NAME **BLAIR, DILLON**
STREET ADDRESS **3420 E MARITANA DR 1**
CITY-ST-ZIP **SAINT PETERSBURG FL 33706**

TITLE **D** ☐ Delete
NAME **PRINCE, ED**
STREET ADDRESS **3420 E. MARITANA DR. #4**
CITY-ST-ZIP **ST. PETERSBURG FL 33706**

TITLE **PD** ☐ Delete
NAME **DIEHLS, CARL**
STREET ADDRESS **3420 MARITANA DR E-5**
CITY-ST-ZIP **ST. PETERSBURG FL 33706**

TITLE **D** ☐ Delete
NAME **ALOISO, VITO**
STREET ADDRESS **3420 E. MARITANA DR. #2**
CITY-ST-ZIP **SAINT PETERSBURG FL 33706**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **STD** ☒ Change ☐ Addition
NAME **BARBARA L. DIEHLS**
STREET ADDRESS **3420 MARITANA DR. E. # 5**
CITY-ST-ZIP **ST. PETE BEACH FL 33706**

TITLE **VD** ☒ Change ☐ Addition
NAME **THOMAS ROSSI**
STREET ADDRESS **3420 MARITANA DR E. # 3**
CITY-ST-ZIP **ST PETE BEACH FL 33706**

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

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

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

TITLE **D** ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Barbara L Diehls **BARBARA L. DIEHLS** **2/11/03** **727-360-2842**

CR2E037 (10/02)