

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17870

1. Entity Name

VALPARAISO VILLAGE TOWNHOMES ASSOCIATION, INC.

Principal Place of Business

7 BATSHORE PT
VALPARAISO FL 32580
US

Mailing Address

7 BATSHORE PT
VALPARAISO FL 32580
US

2. Principal Place of Business

7 Bayshore Point
Suite, Apt. #, etc.

3. Mailing Address

7 Bayshore Point
Suite, Apt. #, etc.

City & State

Valparaiso, FL
Zip 32580 Country USA

City & State

Valparaiso, FL
Zip 32580 Country USA

4. FEI Number

59-2712393

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PICKARD, ADAIR C
7 BAYSHORE PT
VALPARAISO FL 32580

7. Name and Address of New Registered Agent

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.

SIGNATURE

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	PETERSON, ELLIOT	
STREET ADDRESS	58 BAYSHORE PT	
CITY-ST-ZIP	VALPARAISO FL 32580	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PICKARD, ADAIR	
STREET ADDRESS	7 BAYSHORE POINT	
CITY-ST-ZIP	VALPARAISO FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SNYDER, ROWEND	
STREET ADDRESS	8 BAYSHORE POINT	
CITY-ST-ZIP	VALPARAISO FL 32580	
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		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Miki Kusumoto	
STREET ADDRESS	1180 Bayshore Dr.	
CITY-ST-ZIP	Valparaiso, FL 32580	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Angela Gibson	
STREET ADDRESS	24 Bayshore Point	
CITY-ST-ZIP	Valparaiso, FL 32580	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)