

2390

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90014 049 ****61.25

DOCUMENT # N19977

1. Entity Name

MARCO VILLA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O BERRY & GREUSEL
1104 N. COLLIER BLVD.
MARCO ISLAND FL 34145
US

C/O BERRY & GREUSEL
1104 N. COLLIER BLVD.
MARCO ISLAND FL 34145-2547
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2788073

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREUSEL, JAMIE B
1104 N. COLLIER BLVD.
MARCO, ISLAND, FL FL 34145

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **MIKLOSH, JEROME JERRY**
STREET ADDRESS **1561 BUCCANEER CT.**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE Change Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** Delete
NAME **MCGUIRE, EDWARD**
STREET ADDRESS **616 PIERRE AVE.**
CITY-ST-ZIP **MANTUA NJ 08051**

TITLE Change Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Delete
NAME **WOLFF, FRED**
STREET ADDRESS **9538 WEST SHORE DR**
CITY-ST-ZIP **OAK LAWN IL 60453**

TITLE Change Delete
NAME
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CITY-ST-ZIP

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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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/29/2000

Date

Daytime Phone #