

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90158 027 ****61.25

DOCUMENT # N40915

1. Entity Name

PHOENICIAN SANDS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9155 GULFSHORE DR
 NAPLES FL 34108

C/O COLLIER CONDOMINIUM MGMT
 1040 6TH AVE N
 NAPLES FL 34102-5600
 US

2. Principal Place of Business

3. Mailing Address *VPV Property Mgmt*

Suite, Apt. #, etc.

Suite, Apt. #, etc.
690 95th Ave. N.

City & State

City & State
Naples, FL.

4. FEI Number

65-0240959

Applied For

Not Applicable

Zip

Country

Zip

Country

34108

U.S.A.

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

VALENTINI, VINCENT P
 1040 6TH AVE N
 COLLIER CONDOMINIUM MANAGEMENT
 NAPLES FL 34102

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

690 95th Ave. N.

City

Naples

FL

Zip Code

34108

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.

Same agent, different mailing address

SIGNATURE

Vincent P. Valentini - Manager

1-24-00

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 **BELDEN, CAROLYN**
 STREET ADDRESS **9155 GULFSHORE DR #601**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** Delete
 NAME **VAN STONE, MONIKA**
 STREET ADDRESS **9155 GULFSHORE DR #602**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE **VPD** Change Addition
 NAME **EMBER, SCOTT**
 STREET ADDRESS **9155 GulfShore Dr.**
 CITY-ST-ZIP **Naples, FL 34108**

TITLE **STD** Delete
 NAME **GIBBONS, DAVID**
 STREET ADDRESS **207 CARLTON RD**
 CITY-ST-ZIP **UNIONVILLE, ONTARIO, CAN. L3R-3L9**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 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

Vincent P. Valentini, President

Date

Daytime Phone #

2/1/00