


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

**FILED**  
Feb 07, 2003 8:00 am  
Secretary of State

02-07-2003 90084 019 \*\*\*\*61.25

**DOCUMENT # N40915**

1. Entity Name  
**PHOENICIAN SANDS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

**9155 GULFSHORE DR  
NAPLES FL 34108**      **1040 6TH AVE N  
NAPLES FL 34102  
US**

2. Principal Place of Business      3. Mailing Address


**SAME**      Suite, Apt. #, etc.

Suite, Apt. #, etc.      City & State

City & State      City & State

Zip      Country      Zip      Country

**90019330**



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0240959**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**VALENTINI, VINCENT P  
1040 6TH AVE N  
NAPLES FL 34102**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Vincent P. Valentini*      **2-3-03**

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       **\$5.00 May Be  
Trust Fund Contribution.      Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<del>PD</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>BELDEN, CAROLYN</del>	
STREET ADDRESS	<del>9155 GULFSHORE DR #601</del>	
CITY-ST-ZIP	<del>NAPLES FL 34108</del>	
TITLE	<del>VSD</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>IMBER, SCOTT</del>	
STREET ADDRESS	<del>9155 GULFSHORE DR</del>	
CITY-ST-ZIP	<del>NAPLES FL 34108</del>	
TITLE	<del>TD</del>	<input type="checkbox"/> Delete
NAME	<del>GIBBONS, DAVID</del>	
STREET ADDRESS	<del>207 CARLTON RD</del>	
CITY-ST-ZIP	<del>UNIONVILLE, ONTARIO, CAN. L3R-3L9</del>	
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	<b>VPD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HOLLAND, DAN</b>	
STREET ADDRESS	<b>702 N. BECKLEY STATION RD.</b>	
CITY-ST-ZIP	<b>LOUISVILLE, KY 40245</b>	
TITLE	<b>PD</b>	<input checked="" 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		
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: *Vincent P. Valentini*      **2-3-03 (239) 248-1501**

CR2E037 (10/02)