

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90223 035 ****61.25

DOCUMENT # N49962

1. Entity Name
VILLA OCTAGON CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1900 N. ATLANTIC BLVD.
#2
FT. LAUDERDALE FL 33305
US**

Mailing Address
**1900 N. OCEAN BLVD.
#1
FT. LAUDERDALE FL 33305
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0417238**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ALTUGLU, SUSANA
1900 N. OCEAN BLVD
#1
FT. LAUDERDALE FL 33305**

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

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	DV	<input type="checkbox"/> Delete
NAME	VIBRICH, JOHN	
STREET ADDRESS	1900 N. ATLANTIC BLVD. #3	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ALTUGLU, SUSANA	
STREET ADDRESS	1900 N OCEAN BLVD #1	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	HUTCHINGS, REBECCA	
STREET ADDRESS	1900 N OCEAN BLVD #2	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ALTUGLU, SHENOL	
STREET ADDRESS	1900 N OCEAN BLVD #1	
CITY-ST-ZIP	FT LAUDERDALE FL	
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	<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:

Susana Altuglu, President

4/14/03 (954) 563-9026

CR2E037 (10/02)