

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001147

1. Entity Name

RESIDENTIAL ASSOCIATION, INC.

Principal Place of Business

3720 LAKEMONT DR
BONITA SPRINGS FL 33923

Mailing Address

PO BOX 1101
BONITA SPRINGS FL 33959

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

65-0638310

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARILLEY, RICHARD F
3750 LAKEMONT DR.
BONITA SPRINGS FL 33923

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 ☐ Delete
NAME D
STREET ADDRESS MARUICE LEVINE
CITY-ST-ZIP 25020 CYPRESS HALLOW CT. #203
BONITA SPRINGS FL

TITLE ☐ Delete
NAME D
STREET ADDRESS COURI, OSWALD
CITY-ST-ZIP 3570 LAKEMONT DR
BONITA SPRINGS FL 34134

TITLE ☐ Delete
NAME D
STREET ADDRESS DILLEY, DAVID R
CITY-ST-ZIP 3720 LAKEMONT DR.
BONITA SPRINGS FL

TITLE ☐ Delete
NAME D
STREET ADDRESS SABARESE, KATHERINE
CITY-ST-ZIP 25303 GOLSHIELDS CIRCLE
BONITA SPRINGS FL 34134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME CORY
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90062 015 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)