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

FILED
May 17, 2002 8:00 am
Secretary of State
05-17-2002 90035 034 ****61.25

DOCUMENT # N96000002007

1. Entity Name
Villas I at Glen Abbey Association Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Newell Property Mgmt	Newell Property Mgmt
Suite, Apt. #, etc. 4148A Corporate Square	Suite, Apt. #, etc. 4148A Corporate Square
City & State Naples Florida	City & State Naples Florida
Zip 34104 Country USA	Zip 34104 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0674110 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: William A Newell

Street Address (P.O. Box Number is Not Acceptable): 4148A Corporate Square

City: Naples FL Zip Code: 34104

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: William Newell, Manager 4/22/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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	PD	TITLE	
NAME	Stone, Daniel	NAME	
STREET ADDRESS	8787 Naples Heritage Drive	STREET ADDRESS	
CITY-ST-ZIP	Naples FL 34104	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	Clauw, Joseph	NAME	
STREET ADDRESS	8854 Naples Heritage Drive	STREET ADDRESS	
CITY-ST-ZIP	Naples FL 34104	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	O'Brien, Patricia	NAME	
STREET ADDRESS	8731 Naples Heritage Drive	STREET ADDRESS	
CITY-ST-ZIP	Naples FL 34104	CITY-ST-ZIP	**DO NOT WRITE**
TITLE	D	TITLE	
NAME	Ramundo, Peter	NAME	**IN THIS SPACE**
STREET ADDRESS	8783 Naples Heritage Drive	STREET ADDRESS	
CITY-ST-ZIP	Naples FL 34104	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	Spitz, Jack	NAME	
STREET ADDRESS	8850 Naples Heritage Drive	STREET ADDRESS	
CITY-ST-ZIP	Naples FL 34104	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/01)

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

SIGNATURE: 4-04-02 732-5092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #