2000 UNIFORM BUSINESS REPORT (UBR)

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

FILED DOCUMENT # **N96000002595** May 09, 2000 8:00 am 1. Entity Name Secretary of State VILLA DI LANCIA CONDOMINIUM ASSOCIATION. INC. 05-09-2000 90082 020 ****61.25 Principal Place of Business Mailing Address 2171 GOLF OF MEXICO DR 2171 GULF OF MEXICO DR LONGBOAT KEY FL 34228-3204 LONGBOAT KEY FL 34228 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0747232 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HEROLD, WILLIAM M JR 5500 MARINA DR SUITE 1 Zip Code FL **HOLMES BEACH FL 34217** 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 (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE NAME NAME MAGUIRE, THOMAS STREET ADDRESS STREET ADDRESS 2165 GULF OF MEXICO DR, STE 125 CITY-ST-ZIP CITY-ST-ZIP LONGBOAT KEY FL 34228 ☐ Addition ☐ Change VPD TITLE TITLE 🔽 Delete Nickerson, John NAME NAMÉ BENDERSON, NATE 29 Ave of the Flowers, PMB 125 STREET ADDRESS STREET ADDRESS 2165 GULF OF MEXICO DR, STE 144 Longboat Key, FL - 34228 #233 CITY-ST-ZIP CITY-ST-ZIP <u>Longboat key FL 34228</u> Delete TD ☐ Addition ☐ Change TITLE TD TITLE Marriman, Bob NAME NAME RESANOVICH, MILAN P.O.Box 190 2185 GULF OF MEXICO DR, STE 232 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Walland, TN LONGBOAT KEY FL 34228 37886 TITLE Addition TITLE ☐ Delete Change JORDON, GAIL NAME NAME STREET ADDRESS STREET ADDRESS 2165 GULF OF MEXICO DR, STE 141 CITY-ST-ZIP CITY-ST-ZIP LONGBOAT KEY FL 34228 TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

Daytime Phone #