

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

FILED
Jun 13, 2003 8:00 am
Secretary of State

06-13-2003 90059 047 ****61.25

0001416

DOCUMENT # N96000002595

1. Entity Name

VILLA DI LANCIA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

2171 GULF OF MEXICO DR
LONGBOAT KEY FL 34228
US

Mailing Address

2171 GULF OF MEXICO DR
LONGBOAT KEY FL 34228
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 **65-0747232**

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

7. Name and Address of New Registered Agent

MITCHELL, STEVE
2171 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAGUIRE, THOMAS 2165 GULF OF MEXICO DR, STE 125 LONGBOAT KEY FL 34228	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JORDON, GAIL 2165 GULF OF MEXICO DR, STE 141 LONGBOAT KEY FL 34228	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NICKERSON, JOHN 29 AV OF THE FLOWERS PHB 125 LONGBOAT KEY FL 34228	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARRIMAN, BOB PO BOX 190 WALLAND TN 37886	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR JEFFREY COMBET 1223 56th ST KANSAS CITY, MO 64113	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHAD LANGE 636 12th ST SE OWATONNA, MN 55065	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JESSE E. SOLTIS 1800 GENEVA CLUB DR LAKE GENEVA, WI 53147	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Thomas Maguire

6/10/03

1-941-389-75

CR2E037 (10/02)