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

DOCUMENT # N9600002595

1. Entity Name

	VILLA	DI LANCIA	CONDOMINIUM	ASSOCIATION.	INC
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FILED Jun 13, 2003 8:00 am § Secretary of State

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

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Principal Plac	e of Busines	s	Mailing Address			, .					
2171 GULF OF MEXICO DR LONGBOAT KEY FL 34228 US		2171 GULF OF MEXICO DR LONGBOAT KEY FL 34228 US) (186 111 8): F18 (18 11	n Aifin Band Band Ban	:		10: Diái (DD)		
2. Principal Place of Business		3. Mailing Address									
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		\		□ c	HECK HERE IF N	MAKING CHA	NGES	
City & State	e		City & State				4. FEI Number 65	-0747232			plied For t Applicable
Zip		Country	Zip	Cou	untry		5. Certificate of Star	tus Desired		5 Add	
	6Name	and Address of Current R	Registered Agent				7. Name and Addre	ess.of.New.Regi	stered Agent		
					Name						
	LF OF MEX	(ICO DRIVE			Street Ad	ddress (P	O. Box Number is No	ot Acceptable)		*	
LONGBO	AT KEY FL	34228			City					ip Code	
		*.							<u> </u>		
	named entity lions of regist	y submits this statement for tered agent.	the purpose of changing is	s register	ed office or	registere	ed agent, or both, in th	ne State of Florida	a. I am familia	r with, a	and accept
. SIGNATURE	Stepping band		ad tide if another by	TF. De eleter					DATE		
<u></u>	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NC	TE: Hegistere	ed Agent signatur	re required v	when reinstating)		DATE		
F	FILE NOW	: FEE IS \$61.25	9. Election Ca	ampaign F	inancing _	_	\$5.00 May Be	Make	Check Pay	able 1	to
	•	. 1 22 10 00 1,20	Trust Fund	Contribut	ion. [Added to Fees		Departmen		
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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:

10/03

1-941-389-75