

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

0018573

**DOCUMENT # N96000004058**

1. Entity Name

VILLA SOCIN HOMEOWNERS, INC.

03-27-2001 90014 043 \*\*\*\*70.00

Principal Place of Business

Mailing Address

% KENNETH S. GALES, JR.  
 931 ANTHONY LANE  
 FT WALTON BEACH FL 32547-1595  
 US

% KENNETH S. GALES, JR.  
 931 ANTHONY LANE  
 FT WALTON BEACH FL 32547-1595  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3391761

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GALES, KENNETH S JR.  
 931 ANTHONY LANE  
 FORT WALTON BEACH FL 32547-1595

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

*Kenneth S. Gales Jr.* Kenneth S. Gales Jr, President

3/19/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD ☐ Delete  
 NAME LECTKA, PATRICIA  
 STREET ADDRESS 936 ANTHONY LN  
 CITY-ST-ZIP FT WALTON BEACH FL

TITLE TD ☐ Change ☒ Addition  
 NAME MAXINE MASTERS  
 STREET ADDRESS 934 VINCENT LANE  
 CITY-ST-ZIP FT WALTON BEACH, FL

TITLE TD ☒ Delete  
 NAME SASMAN, LAVERNE  
 STREET ADDRESS 930 VINCENT LN  
 CITY-ST-ZIP FT WALTON BEACH FL

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

TITLE SD ☐ Delete  
 NAME GALES, CATHY  
 STREET ADDRESS 931 ANTHONY LANE  
 CITY-ST-ZIP FT WALTON BCH FL

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

TITLE PD ☐ Delete  
 NAME GALES, KENNETH S JR  
 STREET ADDRESS 931 ANTHONY LANE  
 CITY-ST-ZIP FT WALTON BEACH FL

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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 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:

*Kenneth S. Gales Jr.* Kenneth S. Gales Jr

3/19/01

850-863-0898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (10/00)