## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 31, 2001 8:00 am Secretary of State DOCUMENT # N98000004957 1. Entity Name VILLAS AT WATERSIDE CONDOMINIUM ASSOCIATION, INC. 01-31-2001 90293 019 \*\*\*\*61.25 Principal Place of Business Mailing Address 145 WATERSIDE DR. 145 WATERSIDE DR. MARCO ISLAND FL 34145 MARCO ISLAND FL 34145 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 59-3550181 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PRICE, R. SCOTT 2640 GOLDEN GATE PKWY., SUITE 115 NAPLES FL 34105 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be П Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE □ Delete TITLE GINIC, NICOLE NAME NAME STREET ADORESS 145 WATERSIDE CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARCO ISLAND FL 34145 Addition TITLE ☐ Delete TITLE ☐ Change NAME MEYER, REINHOLD NAME STREET ADDRESS STREET ADDRESS 145 WATERSIDE CIRCLE CITY-ST-ZIP CITY-ST-ZIP MARCO ISLAND FL 34145 . Change -- . Addition Delete . ... TITLE -SELLS, DON NAME STREET ADDRESS STREET ADDRESS 145 WATERSIDE CIRCLE CITY-ST-ZIP CITY-ST-ZIP MARÇO ISLAND FL 34145 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME

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 improvement 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 a

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

01/22/01 Date