

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001149

1. Entity Name

VILLA SIENA CONDOMINIUM ASSOCIATION, INC.

FILED

May 03, 2002 8:00 am  
Secretary of State

05-03-2002 90047 037 \*\*\*\*61.25

Principal Place of Business

803 SARASOTA QUAY  
SARASOTA FL 34236  
US

Mailing Address

603 SARASOTA QUAY  
SARASOTA FL 34236  
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

52-2175393

Applied For

Not Applicable

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

FUREN, MICHAEL J  
2033 MAIN STREET  
SUITE 600  
SARASOTA FL 34237

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	FENTON, SHELDON C	149 DUNVEGAN ROAD	TORONTO ONTARIO M5P 2N8	<input type="checkbox"/>
VTD	FENTON, BRIAN S	586 CASTLEFIELD AVENUE	TORONTO ONTARIO M5N 1L8	<input type="checkbox"/>
SD	GAREAU, RENE A	4273 BOCA POINT DRIVE	SARASOTA FL 34236	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
V	Jeffrey Gareau	4942 Sabal Lake Circle	Sarasota, Florida 34238	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: SIGNATURE REQUIRED Brian S. Fenton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date April 12/02 Daytime Phone #

CR2E037 (9/01)