

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000004012**

1. Entity Name

VILLAGIO HOMEOWNERS ASSOCIATION, INC.**FILED**
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90336 002 ****61.25

0051106

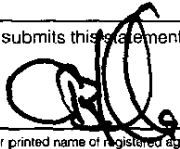
Principal Place of Business 5610 PGA BLVD., STE. 114 PALM BEACH GARDENS FL 33418		Mailing Address 5610 PGA BLVD., STE. 114 PALM BEACH GARDENS FL 33418	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 65-0932435		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SABATELLO DEVELOPMENT CORPORATION III, INC. 5610 PGA BLVD., STE. 114 PALM BEACH GARDENS FL 33418		7. Name and Address of New Registered Agent Name THE SUNRISE COMPANIES Street Address (P.O. Box Number is Not Acceptable) 275 TONEY PENNA DRIVE #7 City JUPITER FL Zip Code 33458	
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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  CRAIG KUNKLE 2-28-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE**FILE NOW:**
FEE IS \$61.259. 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	PD SABATELLO, CARL 5610 PGA BLVD., STE. 114 PALM BEACH GARDENS FL 33418 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SABATELLO, MICHAEL 5610 PGA BLVD., STE. 114 PALM BEACH GARDENS FL 33418 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SABATELLO, PAUL 5610 PGA BLVD., STE. 114 PALM BEACH GARDENS FL 33418 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)