

2000 UNIFORM BUSINESS REPORT (UBR)

5/9

FILED
Jun 08, 2000 8:00 am
Secretary of State

05-09-2000 90068 030 ****61.25

DOCUMENT # N99000004200

1. Entity Name

WESTSIDE VILLAS PROPERTY OWNERS' ASSOCIATION, IN

Principal Place of Business

Mailing Address

**2335 81ST TERR.
VERO BCH FL 32966**

**2335 81ST TERR.
VERO BCH FL 32966-1329**

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

65-0935248

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

**BARKETT, BRUCE
756 BEACHLAND BLVD.
VERO BCH FL 32963**

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	President	D	<input type="checkbox"/> Delete
NAME	Kirk Dunn		
STREET ADDRESS	2335 81st Terr		
CITY-ST-ZIP	Vero Beach, FL 32966		
TITLE	Vice President	D	<input type="checkbox"/> Delete
NAME	Robert Fowler		
STREET ADDRESS	2235 80th Court		
CITY-ST-ZIP	Vero Beach, FL 32966		
TITLE	Secretary	D	<input type="checkbox"/> Delete
NAME	Ann Schultz		
STREET ADDRESS	2235 81st Court		
CITY-ST-ZIP	Vero Beach, FL 32966		
TITLE	Treasurer	D	<input type="checkbox"/> Delete
NAME	Susan Dappen		
STREET ADDRESS	2230 81st Terr		
CITY-ST-ZIP	Vero Beach, FL 32966		
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 817, 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

4/28/00

(561) 231-6859

Date

Daytime Phone #

CR2E037 (9/99)