

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004657

1. Entity Name

VILLAS AT COCONUT SHORES OWNERS ASSOCIATION, INC

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

08-01-2000 90104 001 \*\*\*122.50

Principal Place of Business

Mailing Address

3250 COCONUT RD.  
 BONITA SPRINGS FL 34134

3250 COCONUT RD.  
 BONITA SPRINGS FL 34134

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

☒ 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

SWALM, MURRELL & SAMOUCÉ, P.A.  
 2375 TAMiami TRAIL NORTH SUITE 308  
 NAPLES FL 34103

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**  
**After September 13, 2000 min. will be \$236.25**

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	D	<input checked="" type="checkbox"/> Delete
NAME	MCLAY, GLEN	
STREET ADDRESS	3250 COCONUT RD.	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PRICKETT, WILLIAM	
STREET ADDRESS	3250 COCONUT RD.	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KOENG, LORI	
STREET ADDRESS	3250 COCONUT RD.	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hoolihan, Tom	
STREET ADDRESS	3250 Coconut Rd.	
CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Morello, Steven	
STREET ADDRESS	3250 Coconut Rd.	
CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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)(f), 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:

*Steven J. Morello*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven J. Morello

07/12/00

Date

(734) 246-2670

Daytime Phone #

CR2E037 (5/00)