

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000003414

FILED
Apr 28, 2003
Secretary of State

Entity Name: SABBIA MONTI PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1625 WEST MARION AVENUE
SUITE 2
PUNTA GORDA, FL 33950

New Principal Place of Business:

1107 WEST MARION AVENUE
SUITE 112
PUNTA GORDA, FL 33950

Current Mailing Address:

1625 WEST MARION AVENUE
SUITE 2
PUNTA GORDA, FL 33950

New Mailing Address:

1107 WEST MARION AVENUE
SUITE 112
PUNTA GORDA, FL 33950

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, JAMES E III
1625 WEST MARION AVENUE
SUITE 2
PUNTA GORDA, FL 33950

Name and Address of New Registered Agent:

MOORE, JAMES E III
1107 WEST MARION AVENUE
SUITE 112
PUNTA GORDA, FL 33950

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: _____ 04/28/2003
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D () Change (X) Addition
Name: BOUCKAERT, BRUNO
Address: 3005 CARING WAY
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: VP,D () Change (X) Addition
Name: HERSTON, JAMES
Address: 20101 PEACHLAND BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: ST,D () Change (X) Addition
Name: LORICCO, CARLOS
Address: 3005 CARING WAY
City-St-Zip: PORT CHARLOTTE, FL 33952 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUNO BOUCKAERT ST,D 04/28/2003
Electronic Signature of Signing Officer or Director Date