

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90097 049 ***150.00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # 563854

1. Corporation Name
LA COUILLE VILLAS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**100 EVANS LANE
 MANALAPAN FL 33468
 US**

Mailing Address
**C/O DRENNEN L. WHITMIRE, JR.
 500 S AUSTRALIAN AVE., SUITE 800
 W PALM BCH FL 33401
 US**

3. Date Incorporated or Qualified
04/06/1978

4. FEI Number
59-1814662

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29

9. Name and Address of Current Registered Agent
**WHITMIRE, DRENNEN L. JR.
 500 S AUSTRALIAN AVE, SUITE 800
 W PALM BCH FL 33401**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------------|--|
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | ALCOCK, WARREN | |
| STREET ADDRESS | 450 SOUTH OCEAN BLVD. VILLA 204-C | |
| CITY-ST-ZIP | MANALAPAN FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | PANGMAN, PETER | |
| STREET ADDRESS | 500 SOUTH OCEAN BLVD VILLA 107C | |
| CITY-ST-ZIP | MANALAPAN FL | |
| TITLE | VPS | <input checked="" type="checkbox"/> DELETE |
| NAME | PRICE, STEPHEN W. | |
| STREET ADDRESS | 100 EVANS LANE | |
| CITY-ST-ZIP | MANALAPAN FL | |
| TITLE | VPD | <input checked="" type="checkbox"/> DELETE |
| NAME | CAMPBELL, JAMES | |
| STREET ADDRESS | 450 S OCEAN BLVD VILLA 305-B | |
| CITY-ST-ZIP | MANALAPAN FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | SOUTH III, FURMAN | |
| STREET ADDRESS | 450 S OCEAN BLVD VILLA 104-C | |
| CITY-ST-ZIP | MANALAPAN FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | VAN ROJEN, CHRISTOPHER | |
| STREET ADDRESS | 450 SOUTH OCEAN BLVD, VILLA 105C | |
| CITY-ST-ZIP | MANALAPAN FL 33462 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | VPAS |
| 3.3 STREET ADDRESS | JOHN P. MORGAN |
| 3.4 CITY-ST-ZIP | 100 EVANS LANE MANALAPAN, FL |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | VPASD |
| 4.3 STREET ADDRESS | HUGUELY, GEORGE |
| 4.4 CITY-ST-ZIP | 550 S OCEAN BLVD VILLA 106D MANALAPAN, FL |
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | D |
| 5.3 STREET ADDRESS | SMITH, JOSEPH |
| 5.4 CITY-ST-ZIP | 202 WEST EVANS LANE MANALAPAN FL |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____ 4/20/99 (561) 586-4811
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)