

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90199 003 ****61.25

005955

DOCUMENT # 724679

1. Corporation Name

VILLAS DE GOLF ASSOCIATION INC

Principal Place of Business

12300 VONN RD
LARGO FL 34644

Mailing Address

12300 VONN RD
LARGO FL 34644

1999-02-03



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/27/1972

4. FEI Number

59-1430205

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

9. Name and Address of Current Registered Agent

PARMINTER, HELEN B
12300 VONN RD
LARGO FL 33774

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Helen B Parminter Treasurer

2/8/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CAROW, WALTER	
STREET ADDRESS	12300 VONN RD	
CITY-ST-ZIP	LARGO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SOREL, EDWARD	
STREET ADDRESS	12300 VONN ROAD	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WARNER, KEN	
STREET ADDRESS	12300 VONN ROAD	
CITY-ST-ZIP	LARGO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PARMINTER, HELEN	
STREET ADDRESS	12300 VONN ROAD	
CITY-ST-ZIP	LARGO FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PROULX, DAVID	
STREET ADDRESS	12300 VONN RD	
CITY-ST-ZIP	LARGO FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HANNA, GEORGE T	
STREET ADDRESS	12300 VONN RD	
CITY-ST-ZIP	LARGO FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Richard Koehler	
1.3 STREET ADDRESS	12300 Vonn Rd	
1.4 CITY-ST-ZIP	Largo, FL	
2.1 TITLE	Vd	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Parminter Parminter, Bruce	
2.3 STREET ADDRESS	12300 Vonn Rd	
2.4 CITY-ST-ZIP	Largo, FL 33774	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Kenneth N Standafer	
5.3 STREET ADDRESS	12300 Vonn Rd	
5.4 CITY-ST-ZIP	Largo, 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 617, 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:

Helen B Parminter Treasurer

Date

Daytime Phone #

CR2E037 (11/98)

727-555-6081