

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **728726** (1)

1. Corporation Name

VILLA VILLAR HOME OWNERS ASSOCIATION, INC.



Principal Place of Business: **2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044 US**
Mailing Address: **2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044 US**

3. Date Incorporated or Qualified: **02/04/1974**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: **59-2053770**
Applied For: Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**HART, JAMES W. JR.
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD FL 32779**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | SD <input type="checkbox"/> DELETE | 11 TITLE | TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MALSCH, GEORGIA | 12 NAME | |
| STREET ADDRESS | 31 VILLA VILLAR CT. | 13 STREET ADDRESS | |
| CITY-ST-ZIP | DELAND FL | 14 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 21 TITLE | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YERABEK, ALEX | 22 NAME | |
| STREET ADDRESS | 3 VILLA VILLAR CT. | 23 STREET ADDRESS | |
| CITY-ST-ZIP | DELAND FL | 24 CITY-ST-ZIP | |
| TITLE | TD <input checked="" type="checkbox"/> DELETE | 31 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HAZEN, CAROLINE | 32 NAME | DOLAN, CHARLES |
| STREET ADDRESS | 5 VILLA VILLAR CT | 33 STREET ADDRESS | 30 VILLA VILLAR CT |
| CITY-ST-ZIP | DELAND FL | 34 CITY-ST-ZIP | DELAND FL 32724 |
| TITLE | VD <input type="checkbox"/> DELETE | 41 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MATHEWS, MARY H. | 42 NAME | |
| STREET ADDRESS | 36 VILLA VILLAR CT. | 43 STREET ADDRESS | |
| CITY-ST-ZIP | DELAND FL | 44 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 51 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MERRILL, ARTHUR | 52 NAME | |
| STREET ADDRESS | 46 VILLA VILLAR CT | 53 STREET ADDRESS | |
| CITY-ST-ZIP | DELAND FL | 54 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 61 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 62 NAME | D MCAFEE, MARION |
| STREET ADDRESS | | 63 STREET ADDRESS | 34 VILLA VILLAR CT |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | DELAND FL 32724 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Georgia Malsch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GEORGIA MALSCH

Date: 4/2/96
Daytime Phone: _____

CR2E037 (12/95)