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FILED  
May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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 Mailing Address  
2180 WEST SR 434 SUITE 8000 LONGWOOD FL 32779-5044 US  
2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044 US

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

3. Date Incorporated or Qualified 02/04/1974 3a. Date of Last Report 05/01/1996  
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 re-issuing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MALSCH, GEORGIA	
STREET ADDRESS	31 VILLA VILLAR CT.	
CITY-ST-ZIP	DELAND FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	YERABEK, ALEX	
STREET ADDRESS	3 VILLA VILLAR CT.	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DOLAN, CHARLES	
STREET ADDRESS	30 VILLA VILLAR CT	
CITY-ST-ZIP	DELAND FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MATHEWS, MARY H.	
STREET ADDRESS	38 VILLA VILLAR CT.	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MERRILL, ARTHUR	
STREET ADDRESS	48 VILLA VILLAR CT	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCAFFE, MARION	
STREET ADDRESS	34 VILLA VILLAR CT	
CITY-ST-ZIP	DELAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	EGGLESTON, DOROTHY	
1.3 STREET ADDRESS	15 VILLA VILLAR CT	
1.4 CITY-ST-ZIP	DELAND FL	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FASSETT, JOSEPHINE	
2.3 STREET ADDRESS	22 VILLA VILLAR CT	
2.4 CITY-ST-ZIP	DELAND FL	
3.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	O'NEIL, DELORIS	
3.3 STREET ADDRESS	55 VILLA VILLAR CT	
3.4 CITY-ST-ZIP	DELAND FL	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LABCHUCK, STEVEN	
4.3 STREET ADDRESS	49 VILLA VILLAR CT	
4.4 CITY-ST-ZIP	DELAND FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	O'BRIEN, QUINLAN	
5.3 STREET ADDRESS	1 VILLA VILLAR CT	
5.4 CITY-ST-ZIP	DELAND 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 do 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.

SIGNATURE \_\_\_\_\_ DATE 3/25/1997

CP2E037 (9/96)