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Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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
15 VILLA VILLAR COURT DELAND FL US
15 VILLA VILLAR COURT DELAND FL US

3. Date Incorporated or Qualified
02/04/1974
4. FEI Number
59-2053770
Applied For Not Applicable

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

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
Dorothy C. EGGLESTON
15 Villa Villar Court
DeLand, FL 32724

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 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	PD <input type="checkbox"/> DELETE
NAME	EGGLESTON, DOROTHY
STREET ADDRESS	15 VILLA VILLAR CT
CITY-ST-ZIP	DELAND FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	FASSETT, JOSEPHINE
STREET ADDRESS	22 VILLA VILLAR CT
CITY-ST-ZIP	DELAND FL
TITLE	STD <input checked="" type="checkbox"/> DELETE
NAME	O'NEIL, DELORIS
STREET ADDRESS	55 VILLA VILLAR CT
CITY-ST-ZIP	DELAND FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LABCHUCK, STEVEN
STREET ADDRESS	49 VILLA VILLAR CT
CITY-ST-ZIP	DELAND FL
TITLE	D <input type="checkbox"/> DELETE
NAME	O'BRIEN, QUINLAN
STREET ADDRESS	1 VILLA VILLAR CT
CITY-ST-ZIP	DELAND FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	TSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Miriam WITHERS WITHERS
3.3 STREET ADDRESS	24 Villa Villar Ct.
3.4 CITY-ST-ZIP	DeLand, FL 32724
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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.

SIGNATURE: Dorothy C. Eggleston

CR2E037 (10/97)