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**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90242 034 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 728726**

1. Corporation Name  
**VILLA VILLAR HOME OWNERS ASSOCIATION, INC.**

Principal Place of Business 15 VILLA VILLAR COURT DELAND FL US	Mailing Address 15 VILLA VILLAR COURT DELAND FL US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/04/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2053770
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**EGGLESTON, DOROTHY C**  
**15 VILLA VILLAR COURT**  
**DELAND FL 32724**

10. Name and Address of New Registered Agent

81 Name **Dolores O'Neill**  
 82 Street Address (P.O. Box Number is Not Acceptable) **55 Villa Villar Ct**  
 83  
 84 City **DELAND** FL 85 Zip Code **32724**

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 *Dolores O'Neill* (DOLORES O'NEILL) DATE **2/15/99**

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	EGGLESTON, DOROTHY	
STREET ADDRESS	15 VILLA VILLAR CT	
CITY-ST-ZIP	DELAND FL	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	FASSETT, JOSEPHINE	
STREET ADDRESS	22 VILLA VILLAR CT	
CITY-ST-ZIP	DELAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WITHERS, MIRIAM	
STREET ADDRESS	24 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 checked="" 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	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dolores O'Neill	
1.3 STREET ADDRESS	55 Villa Villar Ct	
1.4 CITY-ST-ZIP	DELAND, FL 32724	
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 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		<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 checked="" type="checkbox"/> Addition
6.2 NAME	Dorothea Dubler	
6.3 STREET ADDRESS	35 Villa Villar Ct	
6.4 CITY-ST-ZIP	DELAND, FL 32724	

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: *Dolores O'Neill* SIGNATURE REQUIRED *Dolores O'Neill* (904) 215/99 822-9250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)