

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:50

DOCUMENT # 737986 (0)
1. Corporation Name
VILLA NUEVA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
% CONDOMINIUM MANAGEMENT GROUP, INC.
4534 CENTRAL AVENUE, STE 14
ST. PETERSBURG FL 33711-1033
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/03/1977
3a. Date of Last Report 03/22/1994
4. FEI Number 59-1794535
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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 1700 66TH STREET NORTH 26 P.O. BOX 47068
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 207 27
City & State City & State
23 Zip Country 28 33743-7068 30
24 33710 25 Country

9. Name and Address of Current Registered Agent
ZACUR, RICHARD E
5200 CENTRAL AVENUE
ST. PETERSBURG FL 33711

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-electing)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY, ST, ZIP | PD SIDMORE, BETTY 7200 ULMERTON RD., #E-0 LARGO FL | 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP | PD VERGE, MARGARET 7200 ULMERTON RD., #C-1 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY, ST, ZIP | D ROBINSON, MARY 7200 ULMERTON RD #A-1 LARGO FL | 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP | VPD STEVENS, CLARA 7200 ULMERTON RD., #G-2 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY, ST, ZIP | + GROVES, LILLIAN 7200 ULMERTON RD., #E-0 LARGO FL | 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP | TD PLATIA, JOSEPH 7200 ULMERTON RD., #D-1 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY, ST, ZIP | D WARDLAW, LAVERNE 7200 ULMERTON ROAD, #G-4 LARGO FL | 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP | D CONNOR, WILLIAM 7200 ULMERTON RD., #G-1 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY, ST, ZIP | S ELINE, DIANE 7200 ULMERTON RD #E-2 LARGO FL | 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP | SD WEAVER, MARY LADYNE 7200 ULMERTON RD., #F-1 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY, ST, ZIP | | 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 110.07(2)(b), 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: *Margaret Verge*
MARGARET VERGE
Date: _____