

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 01 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 737986 (0)

1. Corporation Name
VILLA NUEVA CONDOMINIUM ASSOCIATION, INC.



| | |
|---|---|
| Principal Place of Business 1700 66TH STREET NORTH SUITE 207 ST. PETERSBURG FL 33710 US | Mailing Address % CONDOMINIUM MANAGEMENT GROUP, INC P O BOX 47068 ST. PETERSBURG FL 33743-7068 US |
|---|---|

3. Date Incorporated or Qualified
02/03/1977

4. FEI Number
59-1794535

| | |
|-------------|----------------|
| Applied For | Not Applicable |
|-------------|----------------|

| | |
|--|---|
| 2. Principal Place of Business 21 552 MAIN STREET Suite, Apt. #, etc. | 2a. Mailing Address 26 HARBOR MANOR MGMT INC Suite, Apt. #, etc. |
| 22 SAFETY HARBOR, FL City & State | 27 552 MAIN STREET City & State |
| 23 34695 Zip | 28 SAFETY HARBOR, FL City & State |
| 24 FL Country | 29 34695 Zip |
| 25 PINELLAS Country | 30 PINELLAS Country |

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

**ZACUR, RICHARD E
5200 CENTRAL AVENUE
ST. PETERSBURG FL 33711**

10. Name and Address of New Registered Agent

81 Name **STEVEN H. MEZER ESQUIRE**

82 Street Address (P.O. Box Number is Not Acceptable)
1212 COURT STREET, SUITE 13

83

84 City **CLEARWATER** FL 85 Zip Code **33756**

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]* **STEVEN H. MEZER** DATE **5/22/98**

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

| 12. OFFICERS AND DIRECTORS | | DELETED |
|----------------------------|--------------------------------|--|
| TITLE | PO | <input checked="" type="checkbox"/> DELETE |
| NAME | PLATIA, JOSEPH S | |
| STREET ADDRESS | 7200 ULMERTON RD, #D-1 | |
| CITY-ST-ZIP | LARGO FL | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | CASTRONOSA, THOMAS | |
| STREET ADDRESS | 433 NEW GROVE ST | |
| CITY-ST-ZIP | WILKES BARRE PA | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | CONNOR, WILLIAM | |
| STREET ADDRESS | 7200 ULMERTON RD., #G-1 | |
| CITY-ST-ZIP | LARGO FL | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | GILL, BARBARA | |
| STREET ADDRESS | 7200 ULMERTON RD., #D-4 | |
| CITY-ST-ZIP | LARGO FL | |
| TITLE | VPD | <input checked="" type="checkbox"/> DELETE |
| NAME | BAKER, TIMOTHY | |
| STREET ADDRESS | 7200 ULMERTON RD, #B-1 | |
| CITY-ST-ZIP | LARGO FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | Change | Addition |
|---|----------------------------------|--|--|
| 1.1 TITLE | VPD | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | ABIGAIL THOMPSON | | |
| 1.3 STREET ADDRESS | 7200 ULMERTON ROAD, # C-3 | | |
| 1.4 CITY-ST-ZIP | LARGO, FL 33771 | | |
| 2.1 TITLE | D | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 2.2 NAME | THOMAS CASTRONOVA | | |
| 2.3 STREET ADDRESS | 433 NEW GROVE STREET | | |
| 2.4 CITY-ST-ZIP | WILKES BARRE, PA 18702 | | |
| 3.1 TITLE | SD | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | CYNTHIA G. AVANCE | | |
| 3.3 STREET ADDRESS | 212 WINDWARD ISLE | | |
| 3.4 CITY-ST-ZIP | CLEARWATER, FL 33767 | | |
| 4.1 TITLE | TD | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | MARGARET KRALOVICH | | |
| 4.3 STREET ADDRESS | 7200 ULMERTON ROAD, G-4 | | |
| 4.4 CITY-ST-ZIP | LARGO, FL 33771 | | |
| 5.1 TITLE | PD | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 5.2 NAME | TIMOTHY R. BAKER | | |
| 5.3 STREET ADDRESS | 7200 ULMERTON ROAD, # B-1 | | |
| 5.4 CITY-ST-ZIP | LARGO, FL 33771 | | |
| 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: *Timothy R. Baker*

4-15-98

CF2E037 (10/97)