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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 737986

1. Corporation Name
VILLA NUEVA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 552 MAIN ST SAFETY HARBOR FL 34695 US	Mailing Address HARBOR MANAGEMENT & MAINTENACE 552 MAIN ST SAFETY HARBOR FL 34695 US
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2. Principal Place of Business 21 2180 W SR 434 Suite, Apt. #, etc. 22 STE 5000 City & State 23 LONGWOOD FL Zip Country 24 32779 25 US	2a. Mailing Address 26 2180 W SR 434 Suite, Apt. #, etc. 27 STE 5000 City & State 28 LONGWOOD FL Zip Country 29 32779 30 US	3. Date Incorporated or Qualified 02/03/1977	4. FEI Number 59-1794535 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

MEZER, STEVEN H ESQ
 1212 COURT ST
 STE B
 CLEARWATER FL 33756

10. Name and Address of New Registered Agent

81 Name HART, JAMES W JR	82 Street Address (P.O. Box Number is Not Acceptable) SENTRY MANAGEMENT INC	83 2180 W SR 434 STE 5000	84 City LONGWOOD	85 Zip Code FL 32779
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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 _____ DATE 3/15/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	THOMPSON, ABIGAH	
STREET ADDRESS	7200 ULMERTON RD, C-3	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CASTRONOVA, THOMAS	
STREET ADDRESS	433 NEW GRIVE ST	
CITY-ST-ZIP	WILKES BARRE PA 18702	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	AVANCE, CYNTHIA G	
STREET ADDRESS	212 WINDWARD ISLE	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KRALOVICH, MARGARET	
STREET ADDRESS	7200 ULMERTON RD, G-4	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BAKER, TIMOTHY R	
STREET ADDRESS	7200 ULMERTON RD, B-1	
CITY-ST-ZIP	LARGO FL 33771	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D SPATAFORE, SCOTT
2.3 STREET ADDRESS	7200 ULMERTON RT. F5
2.4 CITY-ST-ZIP	LARGO, FL 33771
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SD GURNEY, DIEDRA
3.3 STREET ADDRESS	7200 ULMERTON RD. F3
3.4 CITY-ST-ZIP	LARGO, FL 33771
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, with all other like empowered.

SIGNATURE: Timothy R Baker **SIGNATURES REQUIRED** DATE: 4-2-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)