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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739969

1. Corporation Name

VILLAS MAINTENANCE, INC.

147642 · 90119 · 30

Principal Place of Business	Mailing Address
4301 N.W. 48TH AVENUE LAUDERDALE LKS FL 33319	4301 N.W. 48TH AVENUE LAUDERDALE LKS FL 33319

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/23/1977	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1797014	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HODGES, DRAPER H P
VILLAS MAINTENANCE INC
4301 NW 48TH AVE
LAUDERDALE LKS FL 33319

10. Name and Address of New Registered Agent

81 Name: JAMES R. MILES
82 Street Address (P.O. Box Number is Not Acceptable): 7686 WILES RD
83
84 City: CORAL SPRINGS FL 85 Zip Code: 33067

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] DATE: 1/9/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PHILLIPS, CARLTON	1.2 NAME	
STREET ADDRESS	4595 NW 50TH TERR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	1.4 CITY-ST-ZIP	
TITLE	VD ☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LOITEN, KATHLEEN	2.2 NAME	
STREET ADDRESS	5060 NW 42ND ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERALE LAKES FL 33319	2.4 CITY-ST-ZIP	
TITLE	DVP ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MCLMONT, CHARLES	3.2 NAME	
STREET ADDRESS	4999 NW 42ND CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL	3.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BAILEY, WINSOME	4.2 NAME	
STREET ADDRESS	4241 NW 51ST AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LKS FL 33319	4.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LEWIS, RHONA	5.2 NAME	
STREET ADDRESS	4976 NW 42ND ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	5.4 CITY-ST-ZIP	
TITLE	CD ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	TULLOCH, ASTLE	6.2 NAME	
STREET ADDRESS	4975 NW 42ND ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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: [signature] SIGNATURE REQUIRED CARLTON PHILLIPS (PRES.) 1-19-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #