

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 741441 (0)
1. Corporation Name

95 FEB -9 AM 11:18

VILLAS PARKING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
2101 SOUTH ATLANTIC AVENUE
COCOA BEACH FL 32931 2101 SOUTH ATLANTIC AVENUE
COCOA BEACH FL 32931

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/24/1978	3a. Date of Last Report 02/03/1994
4. FEI Number 59-1881815	Applied For <input type="checkbox"/> 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent
**PHARES, KENNETH
540 S BREVARD AVE
#421
COCOA BEACH 32931**

10. Name and Address of New Registered Agent
81 Name **ROBERTS, HARRY**
82 Street Address (P.O. Box Number is Not Acceptable)
2101 So ATLANTIC AVE # 211
83
84 City **COCOA BEACH FL** 85 Zip Code **32931**

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 *Harry Roberts* DATE **1-28-95**
Signature, typed or printed name of registered agent and title of corporation. NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	NORTH, CLYDE
STREET ADDRESS	2101 S ATLANTIC AVE
CITY - ST - ZIP	COCOA BEACH FL
TITLE	DD
NAME	ELLIOT, HARRY
STREET ADDRESS	2101 S ATLANTIC AVE
CITY - ST - ZIP	COCOA BEACH, FL 0
TITLE	PD
NAME	GEIGER, JOHN
STREET ADDRESS	2101 S. ATLANTIC AVE
CITY - ST - ZIP	COCOA BEACH FL
TITLE	VST
NAME	PHARES, KENNETH
STREET ADDRESS	540 S BREVARD AVE #421
CITY - ST - ZIP	COCOA BEACH, FL 0
TITLE	D
NAME	HOLMES, VIRGINIA
STREET ADDRESS	2101 S ATLANTIC AVE
CITY - ST - ZIP	COCOA BEACH FL
TITLE	
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 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S-T ROBERTS, HARRY
4.3 STREET ADDRESS	2101 So ATLANTIC AVE # 211
4.4 CITY - ST - ZIP	COCOA BEACH FLA 32931
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 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(3)(k), Florida Statutes. I further certify that the information reflected 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 trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE: *Harry Roberts* **HARRY D. ROBERTS** DATE **1-28-95** (407) 799-8621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Chapter 017, Florida Statutes