


FILE NOW: FILING FEE IS \$61.25

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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **742627** (3)

1. Corporation Name

VILLA CONDOMINIUM I ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**% C & N PROPERTY MANAGEMENT
2697B SUNSET POINT RD
CLEARWATER FL 33759
US**

**% C & N PROPERTY MANAGEMENT
2697B SUNSET POINT RD
CLEARWATER FL 33759
US**

3. Date Incorporated or Qualified

05/01/1978

4. FEI Number

59-2069526

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

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

10. Name and Address of New Registered Agent

**C/O NASSER, WILLIAM J.
2697-B SUNSET POINT RD
CLEARWATER FL 33759**

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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	<input type="checkbox"/> DELETE
NAME	KOPKE, FRAN	
STREET ADDRESS	2231A SPRUCE LANE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	STICH, MARY JANE	
STREET ADDRESS	2201 SHELLY DR	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, HELEN	
STREET ADDRESS	2270 SPRUCE LANE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	TASKER, LOIS ANNE	
STREET ADDRESS	2751 KEATS TERR	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	SV	<input checked="" type="checkbox"/> DELETE
NAME	BAERTHLEIN, MELANIE	
STREET ADDRESS	23708 SHELLY DR	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	RASMUSSEN, MEL	
STREET ADDRESS	2240D SPRUCE LANE	
CITY-ST-ZIP	PALM HARBOR FL	

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kral, Robert B.	
2.3 STREET ADDRESS	2380 Shelly Dr.	
2.4 CITY-ST-ZIP	Palm Harbor, FL 34684	
3.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Rasmussen, Melvin N.	
3.3 STREET ADDRESS	2240 Spruce Lane	
3.4 CITY-ST-ZIP	Palm Harbor, FL 34684	
4.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Baerthlein, Melanie	
4.3 STREET ADDRESS	2370 Shelly Drive	
4.4 CITY-ST-ZIP	Palm Harbor, FL 34684	
5.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Smith, Wallace L.	
5.3 STREET ADDRESS	2270 Spruce Lane	
5.4 CITY-ST-ZIP	Palm Harbor, FL 34684	
6.1 TITLE		
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: *[Signature]* **REQUIRE D**

3/27/98 813-799-0079

CR2E037 (10/97)