



NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90084 003 ****61.25

DOCUMENT # 745014

1. Corporation Name

VERSAILLES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

4722 1ST PLACE
CAPE CORAL FL 33910

Mailing Address

4722 1ST PLACE
CAPE CORAL FL 33910

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/22/1978	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1966207		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	25	29	30		

9. Name and Address of Current Registered Agent

CROSS, PHILLIP
4722 SE 1ST PLACE #2
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	SD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELSIE L. CHARLESTON	1.2 NAME	WILLIAM P. O'NEILL
STREET ADDRESS	4722 SE 1ST PLACE #1	1.3 STREET ADDRESS	4722 SE 1ST PL #9
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	CAPE CORAL FL 33904
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIP L. CROSS	2.2 NAME	PHILLIP L. CROSS
STREET ADDRESS	4722 SE 1ST PLACE #2	2.3 STREET ADDRESS	4722 SE 1ST PL #2
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	CAPE CORAL FL
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROLFE, GERALDINE	3.2 NAME	GLORIA BRUGNOLI
STREET ADDRESS	4722 SE 1ST PL #12	3.3 STREET ADDRESS	4722 SE 1ST PL #14
CITY-ST-ZIP	CAPE CORAL FL 33904	3.4 CITY-ST-ZIP	CAPE CORAL FL 33904
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLESTON, ELSIE L	4.2 NAME	
STREET ADDRESS	4722 SE 1ST PL #1	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENINGTON, LUCIA	5.2 NAME	
STREET ADDRESS	4722 SE 1ST PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3-10-99

Daytime Phone 941-542-0890

CR29E37 (11/98)