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Apr 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748980 (0)

1. Corporation Name
VILLA DEL RIO HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 1800 U.S. HIGHWAY 10 HOLIDAY FL 34691	Mailing Address 1800 U.S. HIGHWAY 10 HOLIDAY FL 34691
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2. Principal Place of Business 21 2535 SUCCESS DR Suite, Apt. #, etc.	2a. Mailing Address 26 2535 SUCCESS DR Suite, Apt. #, etc.
22 City & State 23 ODESSA FL	27 City & State 28 ODESSA FL
24 Zip 33556 Country PASCO	29 Zip 33556 Country PASCO

3. Date Incorporated or Qualified 09/19/1979
4. FEI Number 59-1971480
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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent BAKER, RICHARD W. 1800 U.S. HIGHWAY 10 HOLIDAY FL 34691	10. Name and Address of New Registered Agent 81 Name RICHARD W. BAKER 82 Street Address (P.O. Box Number is Not Acceptable) 2535 SUCCESS DR 83 84 City ODESSA FL 85 Zip Code 33556
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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 *Richard W. Baker* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D CARNER, ED
STREET ADDRESS	9224 MOJAVE PLACE
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	<input type="checkbox"/> DELETE
NAME	PD SCHERER, J. CHRIS
STREET ADDRESS	2210 DESTINY WAY
CITY-ST-ZIP	ODESSA FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, JOHN
STREET ADDRESS	1800 US HWY 10
CITY-ST-ZIP	HOLIDAY FL
TITLE	<input type="checkbox"/> DELETE
NAME	TUNGET, LISTON
STREET ADDRESS	4115 LA PASIDA LANE
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	<input type="checkbox"/> DELETE
NAME	D REIMMITZ, LYLE
STREET ADDRESS	2450 CRESTWOOD DR
CITY-ST-ZIP	N ST PAUL MN
TITLE	<input type="checkbox"/> DELETE
NAME	WHITE, SHARON
STREET ADDRESS	210 DESTINY WAY
CITY-ST-ZIP	ODESSA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	S/D SHARON SIMON
1.3 STREET ADDRESS	2210 DESTINY WAY
1.4 CITY-ST-ZIP	ODESSA FL 33556
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D FRANK SIMON
2.3 STREET ADDRESS	2210 DESTINY WAY
2.4 CITY-ST-ZIP	ODESSA FL
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VID HERB GILL
3.3 STREET ADDRESS	2210 DESTINY WAY
3.4 CITY-ST-ZIP	ODESSA FL 33556
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D HARRY VANLESS
4.3 STREET ADDRESS	2210 DESTINY WAY
4.4 CITY-ST-ZIP	ODESSA FL 33556
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.

SIGNATURE *Richard W. Baker*

CP2E037 (10/97)