

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 # **752475** (4)

1. Corporation Name

THE VILLA MARIS CONDOMINIUM ASSOCIATION, INC.

95 MAR -7 PM 1:42

Principal Place of Business	Mailing Address
4404 SOUTH OCEAN BLVD. HIGHLAND BEACH FL 33487-4259	4404 S OCEAN BLVD VIRGINIA BCH FL 33487 US

DO NOT WRITE IN THIS SPACE

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

3. Date incorporated or Qualified	3a. Date of Last Report
05/14/1980	11/07/1994
4. FEI Number	Applied For
59-2178830	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MATTHEWS, SHIRLEY J
4404-D SO. OCEAN BLVD.
HIGHLAND BEACH FL 33487

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	ECHEVERRIA, JOSE I
STREET ADDRESS	4404-A SO. OCEAN BLVD.
CITY-ST-ZIP	HIGHLAND BEACH FL 33487
TITLE	TD
NAME	HANCOCK, MARGARET E
STREET ADDRESS	4404-A SO. OCEAN BLVD.
CITY-ST-ZIP	HIGHLAND BEACH FL 33487
TITLE	VPD
NAME	PEREZ, LERIDA
STREET ADDRESS	4404-C SO. OCEAN BLVD.
CITY-ST-ZIP	HIGHLAND BEACH FL 33487
TITLE	S
NAME	MATTHEWS, SHIRLEY J
STREET ADDRESS	4404-D SO. OCEAN BLVD.
CITY-ST-ZIP	HIGHLAND BEACH FL 33407
TITLE	D
NAME	SALTA, ANNE
STREET ADDRESS	4404-D SO. OCEAN BLVD.
CITY-ST-ZIP	HIGHLAND BEACH FL 33407
TITLE	D
NAME	HANCOCK, FLOYD
STREET ADDRESS	4404-D SO. OCEAN BLVD.
CITY-ST-ZIP	HIGHLAND BEACH FL 33407

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARGARET E. HANCOCK
1.3 STREET ADDRESS	4404-B So. Ocean Blvd.
1.4 CITY-ST-ZIP	HIGHLAND BEACH, FL 33487
2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SHIRLEY J. MATTHEWS
2.3 STREET ADDRESS	4404-D So. Ocean Blvd.
2.4 CITY-ST-ZIP	HIGHLAND BEACH, FL 33487
3.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOSE I. ECHEVERRIA
3.3 STREET ADDRESS	4404-A So. Ocean Blvd.
3.4 CITY-ST-ZIP	HIGHLAND BEACH, FL 33487
4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LERIDA PEREZ
4.3 STREET ADDRESS	4404-C So. Ocean Blvd.
4.4 CITY-ST-ZIP	HIGHLAND BEACH, FL 33487
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 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 in and on; 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: Shirley J. Matthews Date: 2-27-95 (407) 276-0218