

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 752475 (4)
1. Corporation Name
THE VILLA MARIS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
4404 SOUTH OCEAN BLVD.
HIGHLAND BEACH FL 33487-4259

Mailing Address
4404 S OCEAN BLVD
VIRGINIABCH FL 33487-4270
US

3. Date Incorporated or Qualified 05/14/1980
3a. Date of Last Report 03/13/1996

2. Principal Place of Business
2a. Mailing Address

4. FEI Number 59-2178830
Applied For Not Applicable

21. [Redacted] 26. [Redacted]

5. Certificate of Status Desired \$8.75 Additional Fee Required

22. City & State 27. City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23. Zip Country 28. Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when re-appointing) DATE _____

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE PD
NAME HANCOCK, MARGARET E
STREET ADDRESS 4404-B SO OCEAN BLVD
CITY-ST-ZIP HIGHLAND BEACH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TD
NAME MATTHEWS, SHIRLEY J
STREET ADDRESS 4404-D SO OCEAN BLVD
CITY-ST-ZIP HIGHLAND BEACH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VPD
NAME ECHEVERRIA, JOSE I
STREET ADDRESS 4404-A SO OCEAN BLVD
CITY-ST-ZIP HIGHLAND BEACH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD
NAME PEREZ, LENIDA
STREET ADDRESS 4404-C SO OCEAN BLVD
CITY-ST-ZIP HIGHLAND BEACH FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME SALITA, ANNE
STREET ADDRESS 4404-D SO. OCEAN BLVD.
CITY-ST-ZIP HIGHLAND BEACH FL 33407

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
SALTER, ANNE

TITLE D
NAME HANCOCK, FLOYD
STREET ADDRESS 4404-D SO. OCEAN BLVD.
CITY-ST-ZIP HIGHLAND BEACH FL 33407

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: _____ 3-14-97 (561) 276-0218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0039555

CR2E037 (9/96)