

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 MAY -1 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 762237 (6)
1. Corporation Name
MARRISA VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
67A S. MARRISA WAY KISSIMMEE FL 34743-5989 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/09/1982
3a. Date of Last Report 05/01/1994
4. FEI Number 59-2369311
Applied For Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

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
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent
ALLMAN JR., WILLIAM H.
101 E. MARRISA WAY
KISSIMMEE FL 34743

10. Name and Address of New Registered Agent
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 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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	T
NAME	ALLMAN, BILL
STREET ADDRESS	101 E MARRISA WAY
CITY - ST - ZIP	KISSIMMEE FL
TITLE	D
NAME	CICCHILLO, DOM <i>delto</i>
STREET ADDRESS	9 W MARRISA WAY
CITY - ST - ZIP	KISSIMMEE FL
TITLE	BY
NAME	GLANDER, CARLENE
STREET ADDRESS	106 E. MARRISA WAY
CITY - ST - ZIP	KISSIMMEE FL
TITLE	D
NAME	JOHNSON, V <i>delto</i>
STREET ADDRESS	30 W. MARRISA WAY
CITY - ST - ZIP	KISSIMMEE FL
TITLE	BY
NAME	KELLER, BOBBY
STREET ADDRESS	31 W. MARRISA WAY
CITY - ST - ZIP	KISSIMMEE FL
TITLE	D
NAME	MONDIN, ED
STREET ADDRESS	37 W. MARRISA WAY
CITY - ST - ZIP	KISSIMMEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dible, Raymond	
1.3 STREET ADDRESS	33 W. MARRISA WAY	
1.4 CITY - ST - ZIP	KISSIMMEE FL 34743	
2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CHESTERMAN, NORA	
2.3 STREET ADDRESS	55 W. MARRISA WAY	
2.4 CITY - ST - ZIP	KISSIMMEE FL 34743	
3.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Popp, Joseph	
4.3 STREET ADDRESS	48 W. MARRISA WAY	
4.4 CITY - ST - ZIP	KISSIMMEE FL 34743	
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ZUIS, BARBARA	
6.3 STREET ADDRESS	88 E MARRISA WAY	
6.4 CITY - ST - ZIP	KISSIMMEE FL 34743	

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 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: *William H. Allman Jr.* *Joseph William H. Allman Jr.* 4/28/95 (407) 348-6260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date System Issue #