

**FILE NOW: FILING FEE IS \$61.25**

1082

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 762237 (6)**

1. Corporation Name  
**MARRISA VILLAS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business 67A S. MARRISA WAY KISSIMMEE FL 34743-5888 US	Mailing Address 67A S. MARRISA WAY KISSIMMEE FL 34743-5888 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/09/1982	3a. Date of Last Report 05/01/1995
21	26	4. FEI Number 59-2369311	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	29	25	30
Country	Country	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 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
	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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLMAN, BILL	1.2 NAME	O'Dowd, Angela (D/S)
STREET ADDRESS	101 E MARRISA WAY	1.3 STREET ADDRESS	96 E Marbrisa Way
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	Kissimmee FL 34743
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D/V P	2.2 NAME	Miller, William E. (D)
STREET ADDRESS	CHESTERMAN, NONA	2.3 STREET ADDRESS	3 W. Marbrisa Way
CITY-ST-ZIP	55 W MARRISA WAY	2.4 CITY-ST-ZIP	Kissimmee FL 34743
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DP	3.2 NAME	Ruczynski, Leonard (D)
STREET ADDRESS	GLANDER, CARLENE	3.3 STREET ADDRESS	28 W. Marbrisa Way
CITY-ST-ZIP	106 E. MARRISA WAY	3.4 CITY-ST-ZIP	Kissimmee FL 34743
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	4.2 NAME	
STREET ADDRESS	POPP, JOSEPH	4.3 STREET ADDRESS	
CITY-ST-ZIP	48 W MARRISA WAY	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	5.2 NAME	
STREET ADDRESS	KELLER, BOBBY	5.3 STREET ADDRESS	
CITY-ST-ZIP	31 W. MARRISA WAY	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	6.2 NAME	
STREET ADDRESS	MONDINI, ED	6.3 STREET ADDRESS	
CITY-ST-ZIP	37 W. MARRISA WAY	6.4 CITY-ST-ZIP	
	KISSIMMEE FL		

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 119.07(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. - Treasurer Date: 4/15/96 Daytime Phone #: 407.348.6260

CR2E037 (12/95)

• *Marbrisa Villas Homeowners Association, Inc. Officers & Directors - 1996*

WILLIAM (BILL) H. ALLMAN, JR. 101 E MARBRISA WAY KISSIMMEE FL 34743	TREASURER & Manager	348-5179
NONA CHESTERMAN 55 W MARBRISA WAY KISSIMMEE FL 34743	DIRECTOR & VICE-PRESIDENT	348-5685
ANGELA ODOWD 96 E MARBRISA WAY KISSIMMEE FL 34743	DIRECTOR & SECRETARY	344-9556
CARLENE GLANDER 106 E MARBRISA WAY KISSIMMEE FL 34743	DIRECTOR & PRESIDENT	344-1381
WILLIAM E (BILL) MILLER 3 W MARBRISA WAY KISSIMMEE FL 34743	DIRECTOR	
EDMUND MONDINI 37 W MARBRISA WAY KISSIMMEE FL 34743	DIRECTOR	344-1167
JOSEPH POPP 48 W MARBRISA WAY KISSIMMEE FL 34743	DIRECTOR	348-5824
LEONARD RUCZYNSKI 28 W MARBRISA WAY KISSIMMEE FL 34743	DIRECTOR	348-5930