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Jan 31 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 # 765526 (9)

1. Corporation Name

VERSAILLES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

951 VERSAILLES CIR
MAITLAND FL 32751
US

951 VERSAILLES CIR
MAITLAND FL 32751-4565
US

3. Date Incorporated or Qualified
10/25/1982

3a. Date of Last Report
04/12/1996

2. Principal Place of Business

2a. Mailing Address

21 902 Versailles Cir

26 902 Versailles Cir

4. FEI Number
59-2300448

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State
Maitland FL

27 City & State
Maitland FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip
32751

Country
US

28 Zip
32751

Country
US

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACKSON, BRYCE A
915 VERSAILLES CIRCLE
MAITLAND FL 32751

81 Name

Todd Barry

82 Street Address (P.O. Box Number is Not Acceptable)

902 Versailles Circle

83

84 City

Maitland

FL

85 Zip Code

32751

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: Todd Barry (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 1/24/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: AD DELETE
NAME: COONS, DON
STREET ADDRESS: 939 VERSAILLES CIRCLE
CITY-ST-ZIP: MAITLAND FL 32751

1.1 TITLE: Change Addition
1.2 NAME: Mike Smyth
1.3 STREET ADDRESS: 956 Versailles Circle
1.4 CITY-ST-ZIP: Maitland, FL 32751

TITLE: VPD DELETE
NAME: FRAAS, JAN
STREET ADDRESS: 904 VERSAILLES CIRCE
CITY-ST-ZIP: MAITLAND FL 32751

2.1 TITLE: Change Addition
2.2 NAME: ~~Jan Fraas~~ Nawette Wohlwender
2.3 STREET ADDRESS: 945 Versailles Circle
2.4 CITY-ST-ZIP: Maitland FL 32751

TITLE: SD DELETE
NAME: POPPER, CONNIE
STREET ADDRESS: 831 VERSAILLES CIRCLE
CITY-ST-ZIP: MAITLAND FL

3.1 TITLE: Change Addition
3.2 NAME: _____
3.3 STREET ADDRESS: _____
3.4 CITY-ST-ZIP: _____

TITLE: PD DELETE
NAME: BARRY, TODD
STREET ADDRESS: 902 VERSAILLES CIRCLE
CITY-ST-ZIP: MAITLAND FL 32751

4.1 TITLE: Change Addition
4.2 NAME: _____
4.3 STREET ADDRESS: _____
4.4 CITY-ST-ZIP: _____

TITLE: TD DELETE
NAME: JACKSON, BRYCE
STREET ADDRESS: 915 VERSAILLES CIRCLE
CITY-ST-ZIP: MAITLAND FL 32751

5.1 TITLE: Change Addition
5.2 NAME: _____
5.3 STREET ADDRESS: _____
5.4 CITY-ST-ZIP: _____

TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

6.1 TITLE: Change 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 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: Todd Barry SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 1/24/97 DAYTIME PHONE #: 407-237-4122 0014064

CR2E037 (9/96)