

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:14

DOCUMENT # 769767 (5)
1. Corporation Name
VILLAS DEL SOL HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
5656 BERMONT RD 5656 BERMONT RD
PO BOX 309 PO BOX 309
PUNTA GORDA FL 33951-7309 PUNTA GORDA FL 33951-7309

3. Date Incorporated or Qualified 08/08/1983	3a. Date of Last Report 07/06/1994
4. FEI Number 59-1501038	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 28200 Bermont Road Suite, Apt. #, etc. 22 P. O. Box 309 City & State 23 Punta Gorda, Florida Zip 24 33951-0309	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent
DEPLONTY, DUANE E.
5656 BERMONT ROAD, POB 309
PUNTA GORDA FL 33951-7309

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
28200 Bermont Road
83
84 City **Punta Gorda, FL** 85 Zip Code **33982**

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 resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME DEPLONTY, DUANE E	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3852 SPY GLASS HILL RD	CITY - ST - ZIP SARASOTA, FL 00000	1.2 NAME	1.3 STREET ADDRESS 4430 Staghorn Lane
		1.4 CITY - ST - ZIP	Sarasota, FL 34238
TITLE STD	NAME DEPLONTY, JOAN J	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3852 SPY GLASS HILL RD	CITY - ST - ZIP SARASOTA, FL 00000	2.2 NAME	2.3 STREET ADDRESS 4430 Staghorn Lane
		2.4 CITY - ST - ZIP	Sarasota, FL 34238
TITLE VP	NAME CAROL E. CLARK	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 5906 PURDY LANE	CITY - ST - ZIP PUNTA GORDA, FL 33950	3.2 NAME	3.3 STREET ADDRESS
		3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		4.2 NAME	4.3 STREET ADDRESS
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		5.2 NAME	5.3 STREET ADDRESS
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		6.2 NAME	6.3 STREET ADDRESS
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

REMITTED TO MAY 1

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: Duane E. DePlonty Duane E. DePlonty 04/25/95 813-639-0663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #