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**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90014 001 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 769767**

1. Corporation Name  
**VILLAS DEL SOL HOMEOWNERS ASSOCIATION, INC.**

439038 - 90014 - 1 0 \*

Principal Place of Business 28200 BERMONT ROAD P O BOX 309 PUNTA GORDA FL 33951-7309 US	Mailing Address 28200 BERMONT ROAD P O BOX 309 PUNTA GORDA FL 33951-7309 US
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2. Principal Place of Business 21 28200 BERMONT ROAD Suite, Apt. #, etc. 22 City & State 23 PUNTA GORDA FL Zip 24 33982 Country 25 USA	2a. Mailing Address 26 28200 BERMONT ROAD Suite, Apt. #, etc. 27 City & State 28 PUNTA GORDA FL Zip 29 33982 Country 30 USA	3. Date Incorporated or Qualified 08/08/1983 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
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9. Name and Address of Current Registered Agent DEPLONTY, DUANE E. 28200 BERMONT ROAD 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) 83 84 City FL 85 Zip Code 33982
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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 PDT NAME DEPLONTY, DUANE E STREET ADDRESS 937 BLUE HERON OVERLOOK CITY-ST-ZIP OSPREY FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STB NAME DEPLONTY, JOAN J STREET ADDRESS 937 BLUE HERON OVERLOOK CITY-ST-ZIP OSPREY FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ZIP 34229
TITLE VD NAME CLARK, CAROL E STREET ADDRESS 5906 PURDY LANE CITY-ST-ZIP PUNTA GORDA FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CAROL E. VAUGHAN 20177 DANTE AVENUE PORT CHARLOTTE, FL 33952
TITLE TREASURER NAME OLSON, MARYANN STREET ADDRESS 1456 FAWNWOOD CIRCLE CITY-ST-ZIP JASAROTA, FL 34632	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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, with all other like empowered.

SIGNATURE: Carol E. Vaughan REQUIRED. VAUGHAN 4-26-99 941-639-0663  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Phone #

CR2E037 (11/98)