

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N19726 (1)

1. Corporation Name

VILLA D'ESTE AT PRESTANCIA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

4620 LAS BRISAS LANE
SARASOTA FL 34238

Mailing Address

4620 LAS BRISAS LANE
SARASOTA FL 34238

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1987

3a. Date of Last Report

04/26/1994

4. FEI Number

59-2822748

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. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GRAHAM, JACK
4601 LAS BRISAS LANE
SARASOTA FL 34238

10. Name and Address of New Registered Agent

81 Name **PARMELEE, EDWARD**
82 Street Address (P.O. Box Number is Not Acceptable)
7325 VILLA D'ESTE DR
83
84 City **SARASOTA** FL 85 Zip Code **34238**

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

Edward Parmelee

EDWARD PARMELEE

1/12/95

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FOX, W. CARLOS O
STREET ADDRESS	4691 LAS BRISAS LANE
CITY-ST-ZIP	SARASOTA FL
TITLE	D
NAME	HUGE, GERALD
STREET ADDRESS	7283 VILLA D'ESTE DR.
CITY-ST-ZIP	SARASOTA FL
TITLE	TD
NAME	GREENE, HENRY
STREET ADDRESS	4651 LAS BRISAS LANE
CITY-ST-ZIP	SARASOTA FL
TITLE	SD
NAME	GRAHAM, JACK
STREET ADDRESS	4601 LAS BRISAS LANE
CITY-ST-ZIP	SARASOTA FL
TITLE	D
NAME	HAMMEL, GEORGE
STREET ADDRESS	7355 VILLA D'ESTE DRIVE
CITY-ST-ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	☒ Change ☐ Addition
1.2 NAME	FOX, THOMAS	
1.3 STREET ADDRESS	7362 VILLA D'ESTE DR	
1.4 CITY-ST-ZIP	SARASOTA, FL 34238	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SD	☒ Change ☐ Addition
4.2 NAME	PARMELEE, EDWARD	
4.3 STREET ADDRESS	7325 VILLA D'ESTE DR	
4.4 CITY-ST-ZIP	SARASOTA, FL 34238	
5.1 TITLE	DU	☒ Change ☐ Addition
5.2 NAME	BILL	
5.3 STREET ADDRESS	7325 VILLA D'ESTE DR	
5.4 CITY-ST-ZIP	SARASOTA, FL 34238	
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 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:

Henry Greene
HENRY GREENE TD

1/12/95

813-928

Signature, typed or printed name of signing officer or director

Date

Daytime Phone No.