

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **N34329** (5)  
1. Corporation Name

**VILLA COSTA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

%PHILIP COLMAN  
3210 S. OCEAN BLVD.  
HIGHLAND BEACH FL 33487

Mailing Address

%PHILIP COLMAN  
3210 S. OCEAN BLVD.  
HIGHLAND BEACH FL 33487

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**COLMAN, PHILIP**  
3210 S. OCEAN BLVD.  
HIGHLAND BEACH FL 33487

3. Date Incorporated or Qualified  
**09/21/1989**

3a. Date of Last Report  
**04/12/1995**

4. FEI Number  
**NOT APPLICABLE**

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**

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

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 **FL**

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	PD	1.1 TITLE	
NAME	COLMAN, PHILIP	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3210 S. OCEAN BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERETT, MICHAEL	2.2 NAME	
STREET ADDRESS	3210 S OCEAN BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUELLER, ERNST	3.2 NAME	<b>Mueller, Ernst</b>
STREET ADDRESS	3210 S. OCEAN BLVD.	3.3 STREET ADDRESS	<b>3210 S. Ocean Blvd.</b>
CITY-ST-ZIP	HIGHLAND BEACH FL	3.4 CITY-ST-ZIP	<b>Highland Beach, FL</b>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>Philip Phelps</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>3210 S. Ocean Blvd.</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Highland Beach, FL</b>
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Muriel Krieger</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>3210 S. Ocean Blvd.</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Highland Beach, FL</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Teddy Caplen</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>3210 S. Ocean Blvd.</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Highland Beach, FL</b>

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: *Muriel Krieger Sec'y* 4/11/96 407-272-3054  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)