


**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90203 003 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N97000000363</b> 1. Corporation Name <b>VILLAS AT FOREST HILLS II, INC.</b>					
Principal Place of Business 1801 GLENGARY ST. SARASOTA FL 34231			Mailing Address 1801 GLENGARY ST. SARASOTA FL 34231		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 01/17/1997 4. FEI Number 65-0728492 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$6.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent CONDOMINIUM MANAGEMENT, INC. 1801 GLENGARY ST. SARASOTA FL 34231			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		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD NAME DANNA, CHARLES STREET ADDRESS 5393 BARDMOOR DRIVE CITY-ST-ZIP SARASOTA FL 34241 <input checked="" type="checkbox"/> DELETE			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE VD NAME ALLEGRA, ROBERT STREET ADDRESS 337 INTERSTATE BLVD. CITY-ST-ZIP SARASOTA FL 34240 <input checked="" type="checkbox"/> DELETE			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE STD NAME CHAMBERS, CONNOR STREET ADDRESS 337 INTERSTATE BLVD. CITY-ST-ZIP SARASOTA FL 34240 <input checked="" type="checkbox"/> DELETE			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE AS NAME CLARK, P. RICHARD STREET ADDRESS 1801 GLENGARY ST. CITY-ST-ZIP SARASOTA FL 34231 <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 checked="" 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		

"SEE ATTACHED"

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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address with all other lists empowered.

SIGNATURE Richard Clark  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99 P. Richard Clark  
 941-921-5393  
 Date Daytime Phone #

CR2E037 (4/199)

**FH2****Villas at Forest Hills 2, Inc.**

Page : 1

Manager	Tm A	Local Address	Date Printed:	5/3/99	Code
---------	------	---------------	---------------	--------	------

**P/D**

Mr. Eugene A. Ranney  
9519 Forest Hills Circle  
Sarasota, FL 34238

N970000000363  
542043 90325.11

10

**V/D**

Mr. Dennis F. Schmidt  
9523 Forest Hills Circle  
Sarasota, FL 34238

12

**S/T/D**

Mr. Valentine E. Coluni  
9527 Forest Hills Circle  
Sarasota, FL 34238

35

**AS**

Mr. P. Richard Clark  
1801 Glengary Street  
Sarasota, FL 34231

50

**AT**

Mr. Paul R. Clark  
1801 Glengary Street  
Sarasota, FL 34231

55