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**APPROVED
AND
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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TERRANCE MURPHY
Secretary of State
DIVISION OF CORPORATIONS

MAR 22 PM 4:57

DOCUMENT # P94000009952 (0)

VILLA, INC.

Principal Place of Business: 1746 SANDY CIRCLE
CAPE CORAL FL 33904

Mailing Address: 1746 SANDY CIRCLE
CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: 01/31/1994		3a. Date of Last Report	
4. FID Number: 65-0465869		Applied For: <input type="checkbox"/>	
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. This corporation has liability for intangible tax under § 199.032, Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MAYHEW, DAVID W 1746 SANDY CIRCLE CAPE CORAL FL 33904				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 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the statement for the purposes 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 607.0502, Florida Statutes.

SIGNATURE: *(R) Richard J. Canzano* *Richard J. Canzano* *(R) 3/2/95*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ONLY	
TITLE	RICHARD J. CANZANO PRESIDENT/TREASURER	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	RICHARD J. CANZANO	1.2 NAME	
STREET ADDRESS	1933 S.W. 49TH TERRACE	1.3 STREET ADDRESS	
CITY, ST, ZIP	CAPE CORAL, FL, 33914	1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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 199.032, Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE: *(R) Richard J. Canzano* *Richard J. Canzano* *(R) 3/2/95*