

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 AM 11:01

95 APR 26

SECRETARY
TALLAHASSEE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001391 (1)

1. Corporation Name

VILLA CALESA LAKESIDE HOMES OWNERS ASSOCIATION,
INC.

Principal Place of Business

Mailing Address

ONE SAN JOSE BLVD.
SUITE 7
JACKSONVILLE FL 32257

ONE SAN JOSE BLVD.
SUITE 7
JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

03/21/1994

4. FBI Number

Applied For

Not Applicable

59-3273639

5. Certificate of Status Desired

\$0.75 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. 100.032,
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, V H JR
ONE SAN JOSE BLVD.
SUITE 7
JACKSONVILLE FL 32257

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

SMITH, V H JR

STREET ADDRESS

2787 FOREST CIRCLE

CITY-ST-ZIP

JACKSONVILLE FL 32257

1.1 TITLE

D - PRESIDENT

Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE

D/V P

NAME

DUNGOY, MARY LOUISE

STREET ADDRESS

2200 HAMMOCK OAKS DR N.

CITY-ST-ZIP

JACKSONVILLE, FL 32223

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE

D/ SEC/ TREAS

NAME

SOUTHWELL, M. JANE

STREET ADDRESS

1114 3rd AVE W

CITY-ST-ZIP

JACKSONVILLE, FL 32223

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

M. Jane Southwell

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. JANE SOUTHWELL

Sec/Treas

Date

3/15/95 268-9990

Daytime Phone #