FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1997



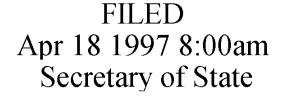
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT 1. Corporation Name	# N9400001391	(1

VILLA CALESA LAKESIDE HOMES OWNERS ASSOCIATION,





INC.)	
Principal Place	e of Business	Mailing Address				DIAL BRAIL DDI	JI IIOOO IIIK I	41011111111
SUITE 7 SUIT		ONE SAN JOSE BLVD. SUITE 7 JACKSONVILLE FL 32257-7582	UITE 7					
		PHOTOGRAPHIC LE APPALLANCE		3. Date Incorporated or Qualified 03/21/1994	3a. Da	Date of Last Report 04/10/1996		
<u> </u>	ace of Business	2a. Mailing Address 26 C/O Four Sear	2020	Mamt	4. FEI Number			pplied For
	Four Seasons Mgmt	20	ROTTE	wRuit	59-3273639			ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 10036 Sawgrass Dr. #3 P.O. Box 1159			5. Certificate of Status Desired		Fee R	Additional equired		
City & State	e Vedra Beach, FL	City & State Ponte Vedra Beach, FL		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip	Country	Zip Country		8. This corporation has liability for intangible tax under s. 199.032,				
24 32082		29 32004-1159 30	<u> </u>	USA	Florida Statutes	Yes [No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered /	gent	
ļ			١	Name Don	nald J. Munch			
SMITH, V			ſέ	Street Add	ress (P.O. Box Number is Not Acceptater Seasons Managemer	ole)		
1	i jose blvd.		۽ ا	Fou	r Seasons Managemer	it		
SUITE 7	WILLE FL 32257			100	36 Sawgrass Dr. #3			
JACKSUI	AVILLE PL 32201		٤	City Por	ite Vedra Bch	FL	85 Zup	2682
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the abo	ove-named corp	poration submits this statement for the p	ourpose of	changing i	its registered
agent. La	m familiar with any accept the obligat	ions of, Section 617.0503 Florid	a Statu	tes.	tion's board of directors. I hereby accept	Jine app	JII III II IB FIL GO	regisiereu
SIGNATURE.	plenald	much		······································		1/7/9	7	***************************************
12.	Signature, typed or printed name of registered agen OFFICERS AND		13.	Agent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE DERS AND	DIRECTO	RS IN 12
TITLE	DP OTTOERIO ARIA	DELETE	1.1 TITL	E	7,007,101,07,01,17,102,01,0	20101010	Change	Addition
NAME	SMITH, V H JR		1.2 NAW	16			-	
STREET ADDRESS	2767 FOREST CIRCLE		1.3 STR	EET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		1.4 C(T)	(-ST-ZIP				
TITLE	DVP	☐ DELETE	2.1 TITL	E			L. Change	Addition
NAME	DUNGEY, MARY LOUISE		2.2 NAM	1				}
STREET ADDRESS	2200 HAMMOCK OAKS DR. N.			EET ADDRESS				
CITY-ST-ZIP TITLE	JACKSONVILLE F DST	DELETE	2. 4 CIT	Y-ST-ZIP			Change	Addition
NAME	SMITH, EMILY	P	3.2 NAM	· •	,		and animingo	
STREET ADDRESS	2767 FOREST CIRCLE			EET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL			Y-ST-ZIP				ĺ
TITLE		☐ DELETE	4.1 TITL				☐ Change	Addition
NAME			4. 2 NA	ME				
STREET ADDRESS			4.3 STR	RET ADDRESS				
CITY - \$1 - ZIP				(-ST-ZIP				
TITLE		☐ DELETE	5.1 TITL				L.) Change	☐ Addition
NAME			5.2 NAM					
STREET ADDRESS				EET ADORESS				
CITY-ST-ZIP TITLE		DELETE	6.1 TITE	F F	<u> </u>		Change	Addition
NAME			6.2 NAN					
STREET ADDRESS				EET ADDRESS				
CHTY-ST-ZIP				(-ST-ZIP				
	ov certify that the information supplied	with this filing does not qualify f			d in Section 119.07(3)(i). Florida Statute	s I further	certify that	t 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 addless of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name