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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32257-7582**



2. Principal Place of Business

2a. Mailing Address

21 **c/o Four Seasons Mgmt**

26 **c/o Four Seasons Mgmt**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **10036 Sawgrass Dr. #3**

27 **P.O. Box 1159**

City & State

City & State

23 **Ponte Vedra Beach, FL**

28 **Ponte Vedra Beach, FL**

Zip

Country

Zip

Country

24 **32082**

25 **USA**

29 **32004-1159**

30 **USA**

3. Date Incorporated or Qualified

03/21/1994

3a. Date of Last Report

04/10/1996

4. FEI Number

59-3273639

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☒ No

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 **Donald J. Munch**

82 Street Address (P.O. Box Number is Not Acceptable)
Four Seasons Management

83 **10036 Sawgrass Dr. #3**

84 City **Ponte Vedra Bch**

FL

85 Zip Code **32082**

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

Donald J. Munch

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

(NOTE: Registered Agent signature required when reinstating)

4/7/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **SMITH, V H JR**
STREET ADDRESS **2767 FOREST CIRCLE**
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DVP** ☐ DELETE
NAME **DUNGEY, MARY LOUISE**
STREET ADDRESS **2200 HAMMOCK OAKS DR. N.**
CITY-ST-ZIP **JACKSONVILLE F**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **DST** ☐ DELETE
NAME **SMITH, EMILY**
STREET ADDRESS **2767 FOREST CIRCLE**
CITY-ST-ZIP **JACKSONVILLE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

J. Hawley Smith, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/97

Date

904-268-9990

Daytime Phone #0008912

CR2E037 (9/96)