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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 578093

VILLAS MANAGEMENT, INC.

(7)

FILED May 01 1997 8:00am Secretary of State

Sipal Place of Business Mailing Address) 1884 942 1883 944 944 1884 94 944 944 944 944 964 964 964 964 96
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•	of Business	Mailing Address			- 1			
1414 BAYSHORE BLVD DUNEDIN FL 34698-4217		1414 BAYSHORE BLVD DUNEDIN FL 34698-4217	1414 BAYSHORE BLYD DUNEDIN FL 34898-4217					
					3. Date Incorporated or Qualified 07/10/1978		e of Las 3/1996	l Report
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26			59-1830273			Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		··	E Continue of Status Desired		\$8.7	5 Additional
22		27			5. Certificate of Status Desired		Fee	Required
City & State)	City & State			6. Election Campaign Financing		\$5.0	May Be
23		28			Trust Fund Contribution		Add	ed to Fees
Zip	Country	Zip	Country		B. This corporation has liability for		_	r s. 199.032,
24	25		30		Florida Statutes	Yes L		
	9. Name and Address of C	urrent Registered Agent		 	10. Name and Address of New	Registered A	gent	
	FELD, STANLEY		61	Name				
	BAYSHORE BLVD		82	Street Add	Iress (P.O. Box Number is Not Accep-	table)		······································
DUN	EDIN FL 33528							
			83					
			84	City			les 2	ip Code
			1 1	-		FL	1 1	•
11. Pursuant I	to the provisions of Sections 60	7.0502 and 607.1508, Florida Statute	s, the above	named cor	poration submits this statement for the tion's board of directors. I hereby acc	e purpose of	changin	g its registere
office of re	egistered agent, or both, in the	State of Florida. Such change was a obligations of Section 607.0505. Flo	uthorized by	tne corpora	tion's board of directors. I hereby acc	cept the appo	nnemini	as registered
agone re	The territor with, and accept the	opinganoria or, accirori cor .ccco, i ic	TOP CIPICIOS.					
SIGNATURE	Signature, typed or English name of registe	and agent and title if applicable (NOTE	Registered Agen	l signature regul	ired when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registe			l signature réqui	ired when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECT	ORS IN 12
SIGNATURE		ed agent and title if applicable (NOTE S AND DIRECTORS DELETE	13,	l signature requi	ired when reinstating) ADDITIONS/CHANGES TO OF		DIRECT	
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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 am an officer or direction of the corporation or the receipt or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or of an attachment with an address.

SIGNATURE

SIGNATURE AND TYPES OF PRINTED HAME OF SIGNATURE OFFICER OR DIRECTOR

4/23/97

Daytime Phone if 0458967