

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **716138** (3)
1. Corporation Name
VILLA DEL SOL, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:49

Principal Place of Business Mailing Address
**11000 S OCEAN DR.
JENSEN BCH FL 34957** **11000 S OCEAN DR.
JENSEN BCH FL 34957**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/03/1969** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-1909648** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

5. Certificate of Status Desired \$8.75 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. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CORNETT, JANE L., ESQ.
401 EAST OCEOLA STREET
STUART 34994**

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SEPPI, CHARLOTTE 11000 S. OCEAN DR #5K JENSEN BEACH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FEIST, JOHN 11000 S OCEAN DR #1-F JENSEN BCH, FL 00000
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WEBER, PETER 11000 S. OCEAN DR # 4-E JENSEN BCH, FL 00000
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCCUE, MIRIAM 11000 S OCEAN DR #5B JENSEN BCH, FL 00000
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BARONE, BETH 11000 S OCEAN DR #1C JENSEN BCH, FL 00000
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RAIMOND, RAYMOND 11000 S. OCEAN DR. #4-B JENSEN BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	PD Weber, Peter 11000 S Ocean Dr #4-E Jensen Beach, FL 34957 <input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	VPD Barone, Beth 11000 S Ocean Dr #1C Jensen Beach, FL 34957 <input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	VPD Raimond, Raymond 11000 S Ocean Drive #4B Jensen Beach, FL 34957 <input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	S Seppi, Charlotte 11000 S Ocean Drive 5K Jensen Beach, FL 34957 <input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	T Miller, David 11000 S Ocean Drive #6F Jensen Beach, FL 34957 <input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	D Feist, John 11000 S Ocean Drive #1F Jensen Beach, FL 34957 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(3)(b), 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: Peter E. Weber (PETER E. WEBER) 3-13-95 407 229-2734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Include Phone #)