

FILE NOW: FILING FEE IS \$61.25

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**Apr 08 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 716138 (3)

1. Corporation Name
VILLA DEL SOL, INC.



Principal Place of Business 11000 S OCEAN DR. JENSEN BCH FL 34957	Mailing Address 11000 S OCEAN DR. JENSEN BCH FL 34957
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3. Date Incorporated or Qualified 03/03/1969	
4. FEI Number 59-1909648	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**CORNETT, JANE L, ESQ.
401 EAST OCEOLA STREET
STUART FL 34994**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/D
NAME	BARONE, BETH	1.2 NAME	BARONE, BETH
STREET ADDRESS	11000 S OCEAN DR., #1-C	1.3 STREET ADDRESS	11000 S OCEAN DR., #1-C
CITY-ST-ZIP	JENSEN BEACH FL	1.4 CITY-ST-ZIP	JENSEN BEACH FL
TITLE	VPD1	2.1 TITLE	VP/D1
NAME	BIRDSALL, TED	2.2 NAME	BIRDSALL, TED
STREET ADDRESS	11000 S OCEAN DR. #4-D	2.3 STREET ADDRESS	11000 S OCEAN DR. #4-D
CITY-ST-ZIP	JENSEN BCH FL	2.4 CITY-ST-ZIP	JENSEN BEACH FL
TITLE	VPD2	3.1 TITLE	VP/D2
NAME	WEBER, PETER	3.2 NAME	WEBER, PETER
STREET ADDRESS	11000 S OCEAN DRIVE, #4-E	3.3 STREET ADDRESS	11000 S OCEAN DRIVE #4-E
CITY-ST-ZIP	JENSEN BCH FL	3.4 CITY-ST-ZIP	JENSEN BEACH FL
TITLE	SD	4.1 TITLE	S/D
NAME	SEPPI, CHARLOTTE	4.2 NAME	FUCHS, CHARLOTTE
STREET ADDRESS	11000 S OCEAN DRIVE, #5K	4.3 STREET ADDRESS	11000 S OCEAN DR #5-K
CITY-ST-ZIP	JENSEN BCH FL	4.4 CITY-ST-ZIP	JENSEN BEACH FL
TITLE	TD	5.1 TITLE	T/D
NAME	MERTZ, KEITH	5.2 NAME	MERTZ, KEITH
STREET ADDRESS	11000 S OCEAN DRIVE, #6-L	5.3 STREET ADDRESS	11000 S OCEAN DR #6-L
CITY-ST-ZIP	JENSEN BCH FL	5.4 CITY-ST-ZIP	JENSEN BEACH FL
TITLE	D	6.1 TITLE	D
NAME	MILLER, DAVID	6.2 NAME	FEIST, JOHN
STREET ADDRESS	11000 S OCEAN DRIVE, #6-F	6.3 STREET ADDRESS	11000 S OCEAN DR
CITY-ST-ZIP	JENSEN BEACH FL	6.4 CITY-ST-ZIP	JENSEN BEACH FL

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/D
NAME	BARONE, BETH	1.2 NAME	BARONE, BETH
STREET ADDRESS	11000 S OCEAN DR., #1-C	1.3 STREET ADDRESS	11000 S OCEAN DR., #1-C
CITY-ST-ZIP	JENSEN BEACH FL	1.4 CITY-ST-ZIP	JENSEN BEACH FL
TITLE	VPD1	2.1 TITLE	VP/D1
NAME	BIRDSALL, TED	2.2 NAME	BIRDSALL, TED
STREET ADDRESS	11000 S OCEAN DR. #4-D	2.3 STREET ADDRESS	11000 S OCEAN DR. #4-D
CITY-ST-ZIP	JENSEN BCH FL	2.4 CITY-ST-ZIP	JENSEN BEACH FL
TITLE	VPD2	3.1 TITLE	VP/D2
NAME	WEBER, PETER	3.2 NAME	WEBER, PETER
STREET ADDRESS	11000 S OCEAN DRIVE, #4-E	3.3 STREET ADDRESS	11000 S OCEAN DRIVE #4-E
CITY-ST-ZIP	JENSEN BCH FL	3.4 CITY-ST-ZIP	JENSEN BEACH FL
TITLE	SD	4.1 TITLE	S/D
NAME	SEPPI, CHARLOTTE	4.2 NAME	FUCHS, CHARLOTTE
STREET ADDRESS	11000 S OCEAN DRIVE, #5K	4.3 STREET ADDRESS	11000 S OCEAN DR #5-K
CITY-ST-ZIP	JENSEN BCH FL	4.4 CITY-ST-ZIP	JENSEN BEACH FL
TITLE	TD	5.1 TITLE	T/D
NAME	MERTZ, KEITH	5.2 NAME	MERTZ, KEITH
STREET ADDRESS	11000 S OCEAN DRIVE, #6-L	5.3 STREET ADDRESS	11000 S OCEAN DR #6-L
CITY-ST-ZIP	JENSEN BCH FL	5.4 CITY-ST-ZIP	JENSEN BEACH FL
TITLE	D	6.1 TITLE	D
NAME	MILLER, DAVID	6.2 NAME	FEIST, JOHN
STREET ADDRESS	11000 S OCEAN DRIVE, #6-F	6.3 STREET ADDRESS	11000 S OCEAN DR
CITY-ST-ZIP	JENSEN BEACH FL	6.4 CITY-ST-ZIP	JENSEN BEACH FL

14. I 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: *[Handwritten Signature]*

CR2E037 (10/97)