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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 716138 1. Corporation Name VILLA DEL SOL, INC.		
Principal Place of Business	Mailing Address	
11000 S OCEAN DR. JENSEN BCH FL 34957	11000 S OCEAN DR. JENSEN BCH FL 34957	



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/03/1969
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1909648
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORNETT, JANE L, ESQ. 401 EAST OCEOLA STREET STUART FL 34994	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARONE, BETH	1.2 NAME	NANCY McMAHON
STREET ADDRESS	11000 S OCEAN DR., #1-C	1.3 STREET ADDRESS	11000 SO. OCEAN DR. 5-I
CITY-ST-ZIP	JENSEN BEACH FL	1.4 CITY-ST-ZIP	JENSEN BEACH, FL.
TITLE	VPD1 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRDSALL, TED	2.2 NAME	
STREET ADDRESS	11000 S OCEAN DR. #4-D	2.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BCH FL	2.4 CITY-ST-ZIP	
TITLE	VPD2 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBER, PETER	3.2 NAME	
STREET ADDRESS	11000 S OCEAN DRIVE, #4-E	3.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BCH FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEPPI, CHARLOTTE	4.2 NAME	FUCHS, CHARLOTTE (MARRIAGE)
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. 34957
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERTZ, KEITH	5.2 NAME	
STREET ADDRESS	11000 S OCEAN DRIVE, #6-L	5.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BCH FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, DAVID	6.2 NAME	JACK FEIST
STREET ADDRESS	11000 S OCEAN DRIVE, #6-F	6.3 STREET ADDRESS	11000 SO. OCEAN DR. 1-F
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, with all other like empowered.

SIGNATURE: *Nancy McMahon* **NANCY McMAHON** 3-28-99 561 229-0801
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-(1/98)