

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

APPROVED AND FILED

95 APR 20 PM 12: 18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

<p>CORPORATION ANNUAL REPORT 1995</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt Secretary of State DIVISION OF CORPORATIONS</p>
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DOCUMENT # 725398 (2)
1. Corporation Name
VILLA RIO CONDOMINIUM APARTMENTS INC

Principal Place of Business 2400 NORTHEAST 16TH ST. POMPANO BEACH FL 33062	Mailing Address 2400 NORTHEAST 16TH ST. POMPANO BEACH FL 33062
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/30/1973	3a. Date of Last Report 03/08/1994
4. FEI Number 59-1519687	Applied For 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**STRAIGHT BETTY ANN
2400 N.E. 16TH STREET, #106
POMPANO BEACH FL 33062**

10. Name and Address of New Registered Agent

81 Name DOLAN JANE EYRE	
82 Street Address (P.O. Box Number is Not Acceptable) 2400 N.E. 16th STREET #212	
83 City POMPANO BEACH FL 33062	
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 607.0305, Florida Statutes.

SIGNATURE: *Jane Eyre Dolan* DATE: **4/15/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	NAME DOLAN, JANE	1.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2400 NE 16TH ST #212	CITY-ST-ZIP POMPANO BEACH FL	1.2 NAME SHEARER STAN	
		1.3 STREET ADDRESS 2400 NE 16th ST # 102	
		1.4 CITY-ST-ZIP POMPANO BEACH, FL.	
TITLE T	NAME BRIDGER, SAGE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2400 NE 16 ST. #104	CITY-ST-ZIP POMPANO BEACH FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE S	NAME PERRIGO, JANICE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2400 NE 16 ST. #113	CITY-ST-ZIP POMPANO BEACH FL	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE PD	NAME STRAIGHT, BETTY A	4.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2400 N.E. 16TH STREET #106	CITY-ST-ZIP POMPANO BEACH FL	4.2 NAME DOLAN, JANE EYRE	
		4.3 STREET ADDRESS 2400 NE 16th ST. # 212	
		4.4 CITY-ST-ZIP POMPANO BEACH, FL.	
TITLE D	NAME GEIS, ROBERT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2400 N.E. 16TH STREET #106	CITY-ST-ZIP POMPANO BEACH FL	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE D	NAME LOGAN, BETTY	6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2400 N.E. 16TH STREET	CITY-ST-ZIP POMPANO BEACH FL	6.2 NAME FOURNIER, JEAN	
		6.3 STREET ADDRESS 2400 NE 16th ST. #209	
		6.4 CITY-ST-ZIP POMPANO BEACH, FL.	

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)(k), 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: *Jane Eyre Dolan* DATE: **13/30/95**
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JANE EYRE DOLAN, PRESIDENT