

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 734952 (5)

1. Corporation Name

THE VILLAS AT INDIAN RIVER PROPERTY OWNERS ASSOC
IATION, INC.



Principal Place of Business

Mailing Address

375 W VENETIAN CT
MERRITT ISLAND FL 32953
US

P O BOX 541118
MERRITT ISLAND FL 32954-1118
US

3. Date Incorporated or Qualified
02/12/1976

3a. Date of Last Report
03/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LASSONDE, PAUL
2580 VIA VITTORIA COURT
MERRITT ISLAND FL 32953

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 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

Karen A. Grant

Karen A. Grant

8/10/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME LASSONDE, PAUL
STREET ADDRESS 2580 VIA VITTORIA CT
CITY - ST - ZIP MERRITT ISLAND FL ☐ DELETE

TITLE V
NAME LIGHTHALL, RON
STREET ADDRESS 2530 VIA VITTORIA CT
CITY - ST - ZIP MERRITT ISLAND FL ☒ DELETE

TITLE ST
NAME GRANT, KAREN
STREET ADDRESS 375 W VENETIAN CT
CITY - ST - ZIP MERRITT ISLAND FL ☐ DELETE

TITLE D
NAME MAIN, JEFF
STREET ADDRESS 2510 VIA MILANO CT
CITY - ST - ZIP MERRITT ISLAND FL ☒ DELETE

TITLE D
NAME ROBINSON, MARGARET
STREET ADDRESS 2535 VIA VITTORIA CT
CITY - ST - ZIP MERRITT ISLAND FL ☐ DELETE

TITLE D
NAME ALLEN, JANINA
STREET ADDRESS 2585 VIA VITTORIA CT
CITY - ST - ZIP MERRITT ISLAND FL ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition
O'Rourke, Patrick
1863 Wingleaf Rd.
Cocoa, FL 32922

☐ Change ☐ Addition

☒ Change ☐ Addition
D Farrell Kevin
2640 Via San Marino Ct.
Merritt Island, FL 32953

☐ Change ☐ Addition

☐ Change ☐ Addition
100001924991
-08/19/96--01005--040
***236.25

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:

Karen A. Grant

8/10/96

407-454-3561

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 8/16/96 0006194

CR2E037 (3/96)