

**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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 FEB 10 PM 2:00

**DOCUMENT # 739561 (9)**  
1. Corporation Name  
**VILLA VERSAILLES CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**742 BROAD AVE SO  
NAPLES FL 33940  
US** **742 BROAD AVE SO  
NAPLES FL 33940  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/06/1977</b>	3a. Date of Last Report <b>01/24/1994</b>
4. FBI Number <b>59-1889193</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**MORRIS, JOHN  
720 BROAD AVENUE SOUTH  
NAPLES FL 33940**

10. Name and Address of New Registered Agent			
81 Name	<b>JOAN PHALEN</b>		
82 Street Address (P.O. Box Number is Not Acceptable)	<b>722 BROAD AVENUE SOUTH</b>		
83			
84 City	<b>NAPLES</b>	FL	85 Zip Code <b>33940</b>

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: *Joan Phalen* DATE: 2-6-95  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<b>MORRIS, JOHN 720 BROAD AVE S NAPLES, FL 00000</b>
TITLE <b>V</b>	<b>WALLER, GEORGE 740 BROAD AVENUE SOUTH NAPLES FL</b>
TITLE <b>ST</b>	<b>GARRETT, SALLY 742 BROAD AVE S NAPLES, FL 00000</b>
TITLE <b>D</b>	<b>GARRETT, ROBERT 742 BROAD AVE S NAPLES FL</b>
TITLE <b>D</b>	<b>PHALEN, JOAN 722 BROAD AVE S NAPLES FL</b>
TITLE <b></b>	<b></b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>JOAN PHALEN</b>
1.3 STREET ADDRESS	<b>722 BROAD AVENUE SOUTH</b>
1.4 CITY-ST-ZIP	<b>NAPLES, FL 33940</b>
2.1 TITLE	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>ROBERT E. GARRETT</b>
2.3 STREET ADDRESS	<b>742 BROAD AVENUE SOUTH</b>
2.4 CITY-ST-ZIP	<b>NAPLES, FL 33940</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>DONNA VOLLAND</b>
4.3 STREET ADDRESS	<b>726 BROAD AVENUE SOUTH</b>
4.4 CITY-ST-ZIP	<b>NAPLES, FL 33940</b>
5.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>ISABEL ELLSWORTH</b>
5.3 STREET ADDRESS	<b>704 BROAD AVENUE SOUTH</b>
5.4 CITY-ST-ZIP	<b>NAPLES, FL 33940</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 118.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sally Garrett* DATE: 2/2/95 TELE: 013-263-3036  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)