

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

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



Principal Place of Business Mailing Address  
**722**  
722 BROAD AVE SO  
NAPLES FL 33940  
US

3. Date Incorporated or Qualified **07/06/1977** 3a. Date of Last Report **02/10/1995**

2. Principal Place of Business 2a. Mailing Address  
21 **722 Broad Ave. S.** 26 **722 Broad Ave. S.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Apt. 722** 27 **Apt. 722**  
City & State City & State  
23 **Naples, FL** 28 **Naples, FL**  
Zip Country Zip Country  
24 **33940** 25 **U.S.A.** 29 **33940** 30 **U.S.A.**

4. FEI Number **59-1889193** 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  
**PHALEN, JOAN**  
**722 BROAD AVENUE SOUTH**  
**NAPLES FL 33940**

10. Name and Address of New Registered Agent  
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 *Joan G. Phalen* *Joan G. Phalen* *Jan. 16, 1996*  
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	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PHALEN, JOAN</b>	1.2 NAME	
STREET ADDRESS	<b>722 BROAD AVENUE SOUTH</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NAPLES FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GARRET, ROBERT E.</b>	2.2 NAME	<b>AUGUST MAGGIO</b>
STREET ADDRESS	<b>742 BROAD AVENUE SOUTH</b>	2.3 STREET ADDRESS	<b>700 Broad Ave. S.</b>
CITY - ST - ZIP	<b>NAPLES FL</b>	2.4 CITY - ST - ZIP	<b>Naples, FL 33940</b>
TITLE	<b>ST</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>Sec-Treas.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GARRETT, SALLY</b>	3.2 NAME	<b>Gladys Maggio</b>
STREET ADDRESS	<b>742 BROAD AVE S</b>	3.3 STREET ADDRESS	<b>700 Broad Ave. S.</b>
CITY - ST - ZIP	<b>NAPLES, FL 00000</b>	3.4 CITY - ST - ZIP	<b>Naples, FL 33940</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VOLLAND, DONNA</b>	4.2 NAME	
STREET ADDRESS	<b>726 BROAD AVENUE SOUTH</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NAPLES FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELLSWORTH, ISABEL</b>	5.2 NAME	
STREET ADDRESS	<b>704 BROAD AVENUE SOUTH</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NAPLES FL</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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: *Joan G. Phalen Pres.* **JOAN G. Phalen** *1/16/96* *941-262-3821*  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)