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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 # 739561

1. Corporation Name

VILLA VERSAILLES CONDOMINIUM ASSOC. INC.

Principal Place of Business

Mailing Address

724 BROAD AVE, S 724 BROAD AVE, S
 NAPLES, FL 34102 NAPLES, FL 34102
 USA USA

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

07-06-77

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-1889193

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORRIS, JOHN W.
 720 BROAD AVE, SOUTH
 NAPLES, FL 34102

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 617.0502, Florida Statutes.

SIGNATURE MORRIS, JOHN W. VP

John W. Morris

2-17-99

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

NOTE: Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	P	<input type="checkbox"/> DELETE
NAME		KIEPKA BARBARA	
STREET ADDRESS		744 BROAD AVE, S	
CITY-ST-ZIP		NAPLES, FL 34102	
TITLE	D	VP	<input type="checkbox"/> DELETE
NAME		MORRIS, JOHN W	
STREET ADDRESS		720 BROAD AVE, S.	
CITY-ST-ZIP		NAPLES, FL 34102	
TITLE	D	ST	<input type="checkbox"/> DELETE
NAME		DUNPHY, TERRELL	
STREET ADDRESS		724 BROAD AVE S	
CITY-ST-ZIP		NAPLES, FL 34102	
TITLE	D	D	<input type="checkbox"/> DELETE
NAME		WALLER, GEORGE	
STREET ADDRESS		740 BROAD AVE, S	
CITY-ST-ZIP		NAPLES, FL 34102	
TITLE	D	D	<input type="checkbox"/> DELETE
NAME		MORRIS, GERALDINE	
STREET ADDRESS		720 BROAD AVE, S	
CITY-ST-ZIP		NAPLES, FL 34102	
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: *John W. Morris* J.W. MORRIS 2-17-99 941-649-5814

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)