

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

DOCUMENT # 739663 (3)
1. Corporation Name

VILLA GRANDE I CONDOMINIUM ASSOCIATION, INC.

FILED

95 JAN 25 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
912 S.E. 46TH STREET 912 S.E. 46TH STREET
CAPE CORAL FL 33904 CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/14/1977** 3a. Date of Last Report **01/19/1994**
4. FEI Number **59-1812461** Applied For
Not Applicable

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

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
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

HATTERY, GLENN S
912 SE 46TH ST UNIT #103
CAPE CORAL, FL
33904

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 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 Glenn S. Hattery PRES. DATE 1/17/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD
NAME	DYE, JOHN
STREET ADDRESS	912 SE 46TH ST
CITY - ST - ZIP	CAPE CORAL FL
TITLE	D
NAME	EDER, RONALD
STREET ADDRESS	N 58 E 36580 LISBON RD
CITY - ST - ZIP	OCONOMOWOC WI
TITLE	D
NAME	HENDERSON, DONALD
STREET ADDRESS	8 OLD FORGE LANE
CITY - ST - ZIP	PITTSFORD NY
TITLE	PD
NAME	HATTERY, GLENN
STREET ADDRESS	912 SE 46TH ST
CITY - ST - ZIP	CAPE CORAL, FL 00000
TITLE	D
NAME	BRUST, RICHARD
STREET ADDRESS	15503 SKY HAWK DR.
CITY - ST - ZIP	SUN CITY WEST AZ
TITLE	TVD
NAME	HYDE, CARLTON
STREET ADDRESS	912 SE 46TH ST
CITY - ST - ZIP	CAPE CORAL, FL 00000

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D FARMAR, MONIKA
5.3 STREET ADDRESS	725 CAPE CORAL PARKWAY WEST
5.4 CITY - ST - ZIP	CAPE CORAL FL 33904
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 110.07(3)(4), 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 my address.

SIGNATURE: Carlton C. Hyde DATE: 1/17/95 (813) 542-1244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR