

**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 # 739663 (3)**

1. Corporation Name

**VILLA GRANDE I CONDOMINIUM ASSOCIATION, INC.**



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

3. Date Incorporated or Qualified: **07/14/1977**  
3a. Date of Last Report: **01/25/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1812461		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>HATTERY, GLENN S</b> <b>912 SE 46TH ST UNIT #103</b> <b>CAPE CORAL, FL</b> <b>33904</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				<b>FL</b>			

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYE, JOHN	1.2 NAME	
STREET ADDRESS	912 SE 46TH ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDER, RONALD	2.2 NAME	
STREET ADDRESS	N 56 E 36580 LISBON RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	OCONOMOWOC WI	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, DONALD	3.2 NAME	
STREET ADDRESS	8 OLD FORGE LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	PITTSFORD NY	3.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATTERY, GLENN	4.2 NAME	
STREET ADDRESS	912 SE 46TH ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL, FL 00000	4.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARMAR, MONIKA	5.2 NAME	<b>DOROTHEE BOHRER</b>
STREET ADDRESS	725 CAPE CORAL PARKWAY WEST	5.3 STREET ADDRESS	<b>912 SE 46 ST</b>
CITY - ST - ZIP	CAPE CORAL FL	5.4 CITY - ST - ZIP	<b>CAPE CORAL FL 33904</b>
TITLE	TVD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYDE, CARLTON	6.2 NAME	
STREET ADDRESS	912 SE 46TH ST	6.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL, FL 00000	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: Carlton C Hyde Date: 1/20/96 Daytime Phone #: 941 542 1244  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 NR # 1703

CR2E037 (12/95)