


FILE NOW: FILING FEE IS \$61.25

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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 739663 (3)
1. Corporation Name
VILLA GRANDE I CONDOMNIUM 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
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3. Date Incorporated or Qualified 07/14/1977	
4. FEI Number 59-1812461	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**HATTERY, GLENN S
912 SE 46TH ST UNIT #103
CAPE CORAL, FL
33904**

10. Name and Address of New Registered Agent

81 Name HATTERY, BETTY E.	
82 Street Address (P.O. Box Number is Not Acceptable) 912 SE 46 ST UNIT 103	
83	
84 City CAPE CORAL FL	85 Zip Code 33904

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 **BETTY E. HATTERY, PRES. Betty E. Hattery** **02-23-98**
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 D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D
NAME DYE, JOHN		1.2 NAME BUCHMANN, MARGARETE
STREET ADDRESS 912 SE 46TH ST		1.3 STREET ADDRESS 2726 SE 24 PL
CITY-ST-ZIP CAPE CORAL FL		1.4 CITY-ST-ZIP CAPE CORAL FL 33904
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE SD
NAME EDER, RONALD		2.2 NAME CASE
STREET ADDRESS N 58 E 36580 LISBON RD		2.3 STREET ADDRESS
CITY-ST-ZIP OCONOMOWOC WI		2.4 CITY-ST-ZIP
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SD
NAME HENDERSON, DONALD		3.2 NAME CASE, FLEANNOR F.
STREET ADDRESS 8 OLD FORGE LANE		3.3 STREET ADDRESS 912 SE 46 ST 101
CITY-ST-ZIP PITTSFORD NY		3.4 CITY-ST-ZIP CAPE CORAL FL 33904
TITLE PD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE PD
NAME HATTERY, GLENN		4.2 NAME HATTERY, BETTY E.
STREET ADDRESS 912 SE 46TH ST		4.3 STREET ADDRESS 912 SE 46 ST 103
CITY-ST-ZIP CAPE CORAL, FL 00000		4.4 CITY-ST-ZIP CAPE CORAL FL 33904
TITLE SD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE B
NAME BOHRER, DOROTHEE		5.2 NAME BOHRER, DOROTHEE
STREET ADDRESS 912 SE 46TH STREET		5.3 STREET ADDRESS 4715 CORONADO PKWY
CITY-ST-ZIP CAPE CORAL FL		5.4 CITY-ST-ZIP CAPE CORAL FL 33904
TITLE TVD	<input type="checkbox"/> DELETE	6.1 TITLE
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME BUCHMANN, MARGARETE	
1.3 STREET ADDRESS 2726 SE 24 PL	
1.4 CITY-ST-ZIP CAPE CORAL FL 33904	
2.1 TITLE SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME CASE	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME CASE, FLEANNOR F.	
3.3 STREET ADDRESS 912 SE 46 ST 101	
3.4 CITY-ST-ZIP CAPE CORAL FL 33904	
4.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME HATTERY, BETTY E.	
4.3 STREET ADDRESS 912 SE 46 ST 103	
4.4 CITY-ST-ZIP CAPE CORAL FL 33904	
5.1 TITLE B	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME BOHRER, DOROTHEE	
5.3 STREET ADDRESS 4715 CORONADO PKWY	
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 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.

SIGNATURE: **Carlton E. Hyde** **CARLTON E. HYDE 2/23/98 941 542 1244**

CR2E037 (10/97)