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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 739663

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

07/14/1977

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-1812461

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 Trust Fund Contribution

\$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

ATTERY, BETTY E
 912 SE 46TH ST UNIT #103
 CAPE CORAL, FL
 33904

81

Name CARLTON C. HYDE

82

Street Address (P.O. Box Number is Not Acceptable)
 912 S.E. 46 ST UNIT 102

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

Carlton C. Hyde
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

March 3, 1999

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
 NAME BUCHMANN, MARGARETE
 STREET ADDRESS 2726 SE 24 PL
 CITY-ST-ZIP CAPE CORAL FL 33904

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE D DELETE
 NAME EDER, RONALD
 STREET ADDRESS N 56 E 36580 LISBON RD
 CITY-ST-ZIP OCONOMOWOC WI

2.1 TITLE PD Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP 53066

TITLE SD DELETE
 NAME CASE, ELEANOR F
 STREET ADDRESS 912 SE 46 ST, 101
 CITY-ST-ZIP CAPE CORAL FL 33904

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE PD DELETE
 NAME HATTERY, BETTY E
 STREET ADDRESS 912 SE 46 ST, 103
 CITY-ST-ZIP CAPE CORAL, FL 00000 33904

4.1 TITLE D Change Addition
 4.2 NAME NATE LA ROSA
 4.3 STREET ADDRESS 906 SE. 46 ST UNIT 103
 4.4 CITY-ST-ZIP CAPE CORAL FL 33904

TITLE D DELETE
 NAME BOHRER, DORSTHEE
 STREET ADDRESS 4715 CORONADO PKWY
 CITY-ST-ZIP CAPE CORAL FL 33904

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE TVD DELETE
 NAME HYDE, CARLTON
 STREET ADDRESS 912 SE 46TH ST
 CITY-ST-ZIP CAPE CORAL, FL 00000

6.1 TITLE Change 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: *Eleanor F Case* SIGNATURE REQUIRED

3/4/99

(941) 549 2218

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)