

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
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95 FEB -3 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739676 (5)
1. Corporation Name
VILLA GRANDE II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
1106 SE 46TH ST. 1106 SE 46TH ST.
APT. 103 APT. 103
CAPE CORAL FL 33904 CAPE CORAL FL 33904
US US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 07/18/1977	3a. Date of Last Report 07/11/1994
4. FEI Number 59-2041053	Applied For 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**BRIGHT, PETER ELLISON
2301 MCGREGOR BLVD.
FT. MYERS FL**

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	HOMES, LUCILLE
STREET ADDRESS	1106 SE 46 STR #101
CITY-ST-ZIP	CAPE CORAL, FL 00000
TITLE	P
NAME	DALY, DAN
STREET ADDRESS	1106 SE 46 STR #103
CITY-ST-ZIP	CAPE CORAL FL
TITLE	ST
NAME	DALY, KATHERINE
STREET ADDRESS	1106 SE 46 STR #103
CITY-ST-ZIP	CAPE CORAL FL
TITLE	DIRECTOR
NAME	EDWARD GREGORIO
STREET ADDRESS	1106 SE 46 ST - 103
CITY-ST-ZIP	CAPE CORAL FL 33904
TITLE	DIRECTOR
NAME	HEVIN DALY
STREET ADDRESS	1106 SE 46 ST - 103
CITY-ST-ZIP	CAPE CORAL FL - 33904
TITLE	DIRECTOR
NAME	DANIEL DALY III
STREET ADDRESS	1106 SE 46 ST - 104
CITY-ST-ZIP	CAPE CORAL FL - 33904

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	TIS. 2/3/95
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 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)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Daniel Daly 1-12-95 813-549-35
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DANIEL DALY