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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 10:24

DOCUMENT # 741229 (9)

1. Corporation Name
VILLA CAPRI ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2828 JACKSON STREET FT. MYERS FL 33901	2828 JACKSON STREET FT. MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/27/1977
3a. Date of Last Report: 01/28/1994
4. FEI Number: 59-1556592 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21	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

DIGIULIO, ROMEO
2828 JACKSONVILLE
SUITE J-1
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name: WINNETTA SAYRE
82 Street Address (P.O. Box Number is Not Acceptable): 2828 JACKSON STREET K-1
83
84 City: FORT MYERS FL 85 Zip Code: 33901

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: Winnetta Sayre — Winnetta Sayre, President — 01/23/95
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	VPD	1.1 TITLE	☒ Change ☐ Addition ~~PD~~
NAME	BILLINGS, GLEN	1.2 NAME	~~WINNETTA SAYRE~~ VOID
STREET ADDRESS	1632 SE 12 TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition PD
NAME	DIGIULIO, ROMEO	2.2 NAME	SAYRE, WINNETTA
STREET ADDRESS	2828 JACKSON STREET, J-1	2.3 STREET ADDRESS	2828 JACKSON STREET K-1
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	FT. MYERS, FL 33901
TITLE	STD	3.1 TITLE	☒ Change ☐ Addition VPD
NAME	SAYRE, WINNETTA	3.2 NAME	DIGIULIO, ROMEO
STREET ADDRESS	282 JACKSON STREET, K-1	3.3 STREET ADDRESS	2828 JACKSON STREET J-1
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	FT. MYERS, FL 33901
TITLE	D	4.1 TITLE	☐ Change ☒ Addition SD
NAME	NESER, BERNARD	4.2 NAME	HAGEN, WILHELMINA
STREET ADDRESS	2828 JACKSON STREET, G-2	4.3 STREET ADDRESS	2828 JACKSON STREET F-2
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP	FT MYERS FL 33901
TITLE	D	5.1 TITLE	☐ Change ☒ Addition TD
NAME	VALLUZZO, FRANCIS	5.2 NAME	DEBELLO, DORIS
STREET ADDRESS	2828 JACKSON STREET	5.3 STREET ADDRESS	2828 JACKSON STREET K-2
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP	FT MYERS, FL 33901
TITLE		6.1 TITLE	☐ Change ☐ Addition D
NAME		6.2 NAME	NESER, BERNARD
STREET ADDRESS		6.3 STREET ADDRESS	2828 JACKSON STREET G-2
CITY-ST-ZIP		6.4 CITY-ST-ZIP	FT. MYERS, FL 33901

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)(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: Winnetta Sayre — Winnetta Sayre — 01/23/95 — (813) 334-2050
SIGNATURE AND TYPED OR PRINTED NAME OF REQUIRED OFFICER OR DIRECTOR — Date — Daytime Phone #

0080000