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Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741229 (9)

1. Corporation Name

VILLA CAPRI ASSOCIATION, INC.

Principal Place of Business

2828 JACKSON STREET
FT. MYERS FL 33901

Mailing Address

2828 JACKSON STREET
FT. MYERS FL 33901-62353. Date Incorporated or Qualified
12/27/19773a. Date of Last Report
01/31/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number
59-1556592Applied For
Not Applicable5. Certificate of Status Desired ☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIGIULIO, ROMEO
2828 JACKSON ST
UNIT J-1
FORT MYERS FL 3390181 Name
WOODWARD, BILL82 Street Address (P.O. Box Number is Not Acceptable)
536 Pangola Drive

83 City, State & Zip

84 City
N. FORT MYERS

FL

85 Zip Code
33903

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 *Bill Woodward*
Signature, typed or printed name of registered agent and title if applicable

Bill Woodward, President

1/24/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME WOODWARD, WILLIAM
STREET ADDRESS 536 PANGOLA DR
CITY-ST-ZIP N FORT MYERS FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE TD ☒ DELETE
NAME HORN, DONALD
STREET ADDRESS 2828 JACKSON ST K-6
CITY-ST-ZIP FT. MYERS FL2.1 TITLE ☒ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE VPD ☒ DELETE
NAME DIGIULIO, ROMEO
STREET ADDRESS 2828 JACKSON STREET J-1
CITY-ST-ZIP FT. MYERS FL3.1 TITLE ☒ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE SD ☒ DELETE
NAME HAGEN, WILHELMINA
STREET ADDRESS 2828 JACKSON STREET, F-2
CITY-ST-ZIP FT. MYERS FL4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME NESTER, BERNARD
STREET ADDRESS 2828 JACKSON STREET, G-2
CITY-ST-ZIP FT. MYERS FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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 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: *Bill Woodward* REQUIRED: BILL WOODWARD

1/24/97

(941) 334-2050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0058892

CR2E037 (9/96)