

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 744673 (5)**  
1. Corporation Name  
**VILLA MAR HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business <b>1800 N. OCEANSHORE BLVD P O BOX 599 FLAGLER BEACH FL 32136</b>	Mailing Address <b>1800 N. OCEANSHORE BLVD P O BOX 599 FLAGLER BEACH FL 32136</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/23/1978</b>	3a. Date of Last Report <b>04/08/1994</b>
4. FEI Number <b>59-2065161</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 25. Suite, Apt. #, etc. 26. City & State 27. Zip 28. Country
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9. Name and Address of Current Registered Agent  
**CHIUMENTO, MICHAEL D  
4 OLDS KINGS ROAD, NORTH, SUITE #B  
PALM COAST FL 32037**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>STECKLER, EDWARD K</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1615 OCEANSHORE BLVD</b>	CITY-ST-ZIP <b>FLAGLER BEACH FL</b>	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE <b>STD</b>	NAME <b>COMPTON, PAT</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1621 N OCEANSHORE BLVD.</b>	CITY-ST-ZIP <b>FLAGLER BEACH FL</b>	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE <b>VD</b>	NAME <b>MULVANEY, RICHARD</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1623 N. OCEANSHORE BLVD.</b>	CITY-ST-ZIP <b>FLAGLER BEACH FL</b>	3.2 NAME <b>Wright, Betty</b>	
		3.3 STREET ADDRESS <b>1603 N. Oceanshore Blvd.</b>	
		3.4 CITY-ST-ZIP <b>Flagler Beach, Fl. 32136</b>	
TITLE <b>D</b>	NAME <b>HOLLAR, LIGE</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1617 N. OCEANSHORE BLVD</b>	CITY-ST-ZIP <b>FLAGLER BEACH FL</b>	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	NAME <b>DARDEN, CARL</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1619 N. OCEANSHORE BLVD.</b>	CITY-ST-ZIP <b>FLAGLER BEACH FL</b>	5.2 NAME <b>Mulvaney, Richard</b>	
		5.3 STREET ADDRESS <b>1623 N. Oceanshore Blvd.</b>	
		5.4 CITY-ST-ZIP <b>Flagler Beach, Fl. 32136</b>	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		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 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Pat Compton* **PAT COMPTON** **4-17-95** **439-5103**  
SIGNATURE AND TITLE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #

(904)