

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 744673 (5)**

1. Corporation Name

**VILLA MAR HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

1600 N. OCEANSHORE BLVD  
P O BOX 599  
FLGLER BEACH FL 32136

1600 N. OCEANSHORE BLVD  
P O BOX 599  
FLGLER BEACH FL 32136

3. Date Incorporated or Qualified  
**10/23/1978**

3a. Date of Last Report  
**04/21/1995**

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**59-2065161**

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**

8. 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

**CHIUMENTO, MICHAEL D  
4 OLDS KINGS ROAD, NORTH, SUITE #B  
PALM COAST FL 32037**

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 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

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	PD	<input type="checkbox"/> DELETE
NAME	STECKLER, EDWARD K	
STREET ADDRESS	1615 OCEANSHORE BLVD	
CITY-ST-ZIP	FLGLER BEACH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	COMPTON, PAT	
STREET ADDRESS	1621 N OCEANSHORE BLVD.	
CITY-ST-ZIP	FLGLER BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WRIGHT, BETTY	
STREET ADDRESS	1603 N OCEANSHORE BLVD	
CITY-ST-ZIP	FLGLER BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLLAR, LIGE	
STREET ADDRESS	1617 N. OCEANSHORE BLVD	
CITY-ST-ZIP	FLGLER BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MULVANEY, RICHARD	
STREET ADDRESS	1623 N OCEANSHORE BLVD	
CITY-ST-ZIP	FLGLER BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	
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 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 617, 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Secretary, Treasurer*

*April 10, 1996*

Date

Daytime Phone #

CR2E037 (12/95)