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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 1600 N. OCEANSHORE BLVD
P O BOX 599 P O BOX 599
FLAGLER BEACH FL 32136 FLAGLER BEACH FL 32136-0599

3. Date Incorporated or Qualified 10/23/1978
3a. Date of Last Report 04/29/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc. 26 Suite, Apt #, etc.

22 City & State 27 City & State

23 Zip Country 28 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 Clifford R. Taylor
82 Street Address (P.O. Box Number is Not Acceptable) 507 E. Moody Blvd.
83 P.O. Box 2090
84 City Bunnell FL 85 Zip Code 32110

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 *Clifford R. Taylor* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STECKLER, EDWARD K	1.2 NAME	Genie Richardson
STREET ADDRESS	1615 OCEANSHORE BLVD	1.3 STREET ADDRESS	1605 N. Oceanshore Blvd.
CITY-ST-ZIP	FLAGLER BEACH FL	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COMPTON, PAT	2.2 NAME	Vickie Mulvaney
STREET ADDRESS	1621 N OCEANSHORE BLVD.	2.3 STREET ADDRESS	1623 N. Oceanshore Blvd
CITY-ST-ZIP	FLAGLER BEACH FL	2.4 CITY-ST-ZIP	Flagler Beach, FL. 32136
TITLE	VD DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WRIGHT, BETTY	3.2 NAME	Pattie O'Neill
STREET ADDRESS	1603 N OCEANSHORE BLVD	3.3 STREET ADDRESS	1609 N. Oceanshore Blvd.
CITY-ST-ZIP	FLAGLER BEACH FL	3.4 CITY-ST-ZIP	Flagler Beach, FL. 32136
TITLE	D DELETE	4.1 TITLE	D DELETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLAR, LIGE	4.2 NAME	Betty Wright
STREET ADDRESS	1617 N. OCEANSHORE BLVD	4.3 STREET ADDRESS	1603 N. Oceanshort Blvd
CITY-ST-ZIP	FLAGLER BEACH FL	4.4 CITY-ST-ZIP	Flagler Beach, FL. 32136
TITLE	D DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULVANEY, RICHARD	5.2 NAME	
STREET ADDRESS	1623 N OCEANSHORE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FLAGLER BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 *Pat Compton* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 4-24-97 DAYTIME PHONE 8002868

CR2E037 (9/96)