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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 1600 N. OCEANSHORE BLVD P O BOX 599 FLAGLER BEACH FL 32136	Mailing Address 1600 N. OCEANSHORE BLVD P O BOX 599 FLAGLER BEACH FL 32136
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3. Date Incorporated or Qualified 10/23/1978
4. FEI Number 59-2065161
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
TAYLOR, CLIFFORD A
507 E. MOODY BLVD.
BUNNELL FL 32110

10. Name and Address of New Registered Agent

81 Name Dennis Knox Bayer	
82 Street Address (P.O. Box Number is Not Acceptable) 306 S. Oceanshore Blvd.	
83 City Flagler Beach, Fl. 32136	
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: *Dennis Knox Bayer* DATE: **3/10/98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RICHARDSON, GENIE	
STREET ADDRESS	1605 N. OCEANSHORE BLVD.	
CITY-ST-ZIP	FLAGLER BEACH FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	COMPTON, PAT	
STREET ADDRESS	1621 N OCEANSHORE BLVD.	
CITY-ST-ZIP	FLAGLER BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	O'NEILL, PATTIE	
STREET ADDRESS	1609 N. OCEANSHORE BLVD.	
CITY-ST-ZIP	FLAGLER BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WRIGHT, BETTY	
STREET ADDRESS	1603 N. OCEANSHORE BLVD.	
CITY-ST-ZIP	FLAGLER BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MULVANEY, VICKIE	
STREET ADDRESS	1623 N. OCEANSHORE BLVD.	
CITY-ST-ZIP	FLAGLER BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Addition
2.2 NAME	STECKLER, EDWARD
2.3 STREET ADDRESS	1615 N. OCEANSHORE BLVD
2.4 CITY-ST-ZIP	FLAGLER, BEACH, FL 32136
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	O'BRIEN, TOM
3.3 STREET ADDRESS	1607 N. OCEANSHORE BLVD.
3.4 CITY-ST-ZIP	FLAGLER BEACH, FL 32136
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VO
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MULVANEY, RICHARD
5.3 STREET ADDRESS	1623 N. OCEANSHORE BLVD
5.4 CITY-ST-ZIP	FLAGLER BEACH, FL 32136
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 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 in an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4-18-98** PHONE: **9044399685**

CR2E037 (10/97)