


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90201 034 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 744673**

1. Corporation Name

**VILLA MAR HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	10/23/1978
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2065161
24 Country	29 Country	Applied For
		Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution

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	Stephen P. Sapienza
82 Street Address (P.O. Box Number is Not Acceptable)	300 N. State St.
83	
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 *[Signature]* DATE *1-12-99*

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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, GENIE	1.2 NAME	
STREET ADDRESS	1605 N. OCEANSHORE BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FLGLER BEACH FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STECKLER, EDWARD	2.2 NAME	
STREET ADDRESS	1615 N OCEANSHORE BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FLGLER BEACH FL 32136	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OBRIEN, TOM	3.2 NAME	
STREET ADDRESS	1607 N OCEANSHORE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FLGLER BEACH FL 32136	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, BETTY	4.2 NAME	
STREET ADDRESS	1603 N. OCEANSHORE BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FLGLER BEACH FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULVANEY, VICKIE	5.2 NAME	
STREET ADDRESS	1623 N. OCEANSHORE BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FLGLER BEACH FL 32136	5.4 CITY-ST-ZIP	
TITLE		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 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, with all other like empowered.

SIGNATURE: *Edward Steckler* **REQUIRED** *Edward Steckler* *1-18/99* *(904) 439-0246*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

Date

Daytime Phone #

CR2E037 (11/98)