

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 745014 (1)**  
1. Corporation Name  
**VERSAILLES CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: **4722 1ST PLACE CAPE CORAL FL 33910**  
Mailing Address: **4722 1ST PLACE CAPE CORAL FL 33910**

3. Date Incorporated or Qualified: **11/22/1978**  
3a. Date of Last Report: **04/05/1995**

2. Principal Place of Business: **21 SAME**  
2a. Mailing Address: **26 SAME**  
22 Suite, Apt. #, etc.  
27 Suite, Apt. #, etc.  
23 City & State  
28 City & State  
24 Zip Country  
25 Country  
29 Zip Country  
30 Country

4. FEI Number: **59-1966207**  Applied For  
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  
**KEDERSHA, ROSEMARY  
4722 SE 1ST PLACE #1  
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent  
81 Name: **PHILLIP L. CROSS**  
82 Street Address (P.O. Box Number is Not Acceptable): **4722 SE 1ST PL #2**  
83  
84 City: **CAPE CORAL** FL 85 Zip Code: **33904**

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: **PHILLIP L. CROSS TREAS** *Phillip L. Cross* **3/21/96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ELSIE L. CHARLESTON</b>	
STREET ADDRESS	<b>4722 SE 1ST PLACE #1</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE	<b>TDD</b>	<input type="checkbox"/> DELETE
NAME	<b>PHILLIP L. CROSS</b>	
STREET ADDRESS	<b>4722 SE 1ST PLACE #2</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>GLORIA BROGNOLI</b>	
STREET ADDRESS	<b>4722 SE 1ST PLACE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE	<b>AT</b>	<input type="checkbox"/> DELETE
NAME	<b>CONNELLY, MARY</b>	
STREET ADDRESS	<b>4722 SE 1ST PL #8</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

**200001767392**  
**04/03/96-01002-053**  
**\*\*\*61.25**

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: *Phillip L. Cross* **2/14/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)