

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 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 # 745014 (1)  
1. Corporation Name  
VERSAILLES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
4722 1ST PLACE 4722 1ST PLACE  
CAPE CORAL FL 33910 CAPE CORAL FL 33904-8313

3. Date Incorporated or Qualified 11/22/1978  
3a. Date of Last Report 04/02/1996

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 59-1966207 - 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  
CROSS, PHILLIP  
4722 SE 1ST PLACE #2  
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ELSIE L. CHARLESTON	
STREET ADDRESS	4722 SE 1ST PLACE #1	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	TDD	<input type="checkbox"/> DELETE
NAME	PHILLIP L CROSS	
STREET ADDRESS	4722 SE 1ST PLACE #2	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GLORIA BROGNOLI	
STREET ADDRESS	4722 SE 1ST PLACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	CONNELLY, MARY	
STREET ADDRESS	4722 SE 1ST PL #8	
CITY-ST-ZIP	CAPE CORAL FL	
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		
1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GERALDINE Rolfe	
1.3 STREET ADDRESS	4722 SE 1ST PL #12	
1.4 CITY-ST-ZIP	CAPE CORAL, FL 33904	
2.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Elsie L. Charleston	
2.3 STREET ADDRESS	4722 SE 1ST PL #1	
2.4 CITY-ST-ZIP	CAPE CORAL, FL 33904	
3.1 TITLE	PHILLIP L. CROSS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PHILLIP L. CROSS	
3.3 STREET ADDRESS	4722 SE 1ST PL	
3.4 CITY-ST-ZIP	CAPE CORAL FL 33904	
4.1 TITLE	Lucia Benington	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lucia Benington	
4.3 STREET ADDRESS	4722 SE 1ST PLACE	
4.4 CITY-ST-ZIP	CAPE CORAL FL 33904	
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	300002086033	
6.3 STREET ADDRESS	-02/12/97--01132--007	
6.4 CITY-ST-ZIP	***61.25	

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.

CR2E037 (9/96)