FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUL 14 AM 11:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 748980 (0)

1. Corporation Name
VILLA DEL RIO HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1803 U.S. HIGHWAY 19 HOLIDAY FL 34691	1803 U.S. HIGHWAY 19 HOLIDAY FL 34691

3. Date Incorporated or Qualified: 09/19/1979
3a. Date of Last Report: 03/01/1994
4. FEI Number: 59-1971480 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
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
BAKER,RICHARD W. 1803 U.S. HIGHWAY 19 HOLIDAY FL 34691	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	11 TITLE		☑ Change ☐ Addition
NAME	~~SPEER, RICHARD M~~	12 NAME		
STREET ADDRESS	~~1803 US HWY 19~~	13 STREET ADDRESS		
CITY-ST-ZIP	~~HOLIDAY FL~~	14 CITY-ST-ZIP		
TITLE	~~CTD~~	21 TITLE	P/D	☑ Change ☐ Addition
NAME	SCHERER, J. CHRIS	22 NAME	J. CHRIS SCHERER	
STREET ADDRESS	2514 ALOHA PLACE	23 STREET ADDRESS	4244 ST. LAWRENCE DR	
CITY-ST-ZIP	HOLIDAY FL	24 CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	D	31 TITLE	S/T/D	☑ Change ☐ Addition
NAME	THOMAS, JOHN	32 NAME	JOHN THOMAS	
STREET ADDRESS	1803 US HWY 19	33 STREET ADDRESS	1803 US 19	
CITY-ST-ZIP	HOLIDAY FL	34 CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE		41 TITLE	D	☐ Change ☑ Addition
NAME		42 NAME	STEVE WATFORD	
STREET ADDRESS		43 STREET ADDRESS	1803 US 19	
CITY-ST-ZIP		44 CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE		51 TITLE	D	☐ Change ☑ Addition
NAME		52 NAME	LYLE REIMNITZ	
STREET ADDRESS		53 STREET ADDRESS	2450 CRESTWOOD DR	
CITY-ST-ZIP		54 CITY-ST-ZIP	N. ST. PAUL MN 55109	
TITLE		61 TITLE	D	☐ Change ☑ Addition
NAME		62 NAME	HARRY VANESS	
STREET ADDRESS		63 STREET ADDRESS	9136 VIA RECSEO	
CITY-ST-ZIP		64 CITY-ST-ZIP	NEW PORT RICHEY FL 34655	

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)(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: _____ 6-1-95 813 376-0057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000481