FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **748980** **(0)**

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

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: **07/14/1995**

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

4. FEI Number: **59-1971480** ☐ 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**

BAKER,RICHARD W.
1803 U.S. HIGHWAY 19
HOLIDAY FL 34691

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 _____ 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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	VANESS, HARY		1.2 NAME		
STREET ADDRESS	9136 VIA RECSEO		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCHERER, J. CHRIS		2.2 NAME		
STREET ADDRESS	2514 ALOHA PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY FL		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, JOHN		3.2 NAME		
STREET ADDRESS	1803 US HWY 19		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WATFORD, STEVE		4.2 NAME		
STREET ADDRESS	1803 US 19		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	REIMMITZ, LYLE		5.2 NAME		
STREET ADDRESS	2450 CRESTWOOD DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	N ST PAUL MN		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: J. Chris Scherer 2/12/96 813 376-0057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)