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Apr 30 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 # 748980 (0)  
1. Corporation Name  
VILLA DEL RIO HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 1803 U.S. HIGHWAY 19 HOLIDAY FL 34691  
Mailing Address: 1803 U.S. HIGHWAY 19 HOLIDAY FL 34691-5536

3. Date Incorporated or Qualified: 09/19/1979  
3a. Date of Last Report: 02/15/1996  
4. FEI Number: 59-1971480  
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

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

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  
85. Zip Code  
FL

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	D	<input type="checkbox"/> DELETE
NAME	VANESS, HARY	
STREET ADDRESS	9136 VIA RECSEO	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHERER, J. CHRIS	
STREET ADDRESS	2514 ALONA PLACE	
CITY-ST-ZIP	2210 DESTINY WAY HOLIDAY FL ODESSA FL 33554	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, JOHN	
STREET ADDRESS	1803 US HWY 19	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WATFORD, STEVE	
STREET ADDRESS	1803 US 19	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REIMMITZ, LYLE	
STREET ADDRESS	2450 CRESTWOOD DR	
CITY-ST-ZIP	N ST PAUL MN 55109	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HERB GILL	
1.3 STREET ADDRESS	BOX 324	
1.4 CITY-ST-ZIP	CROSSWICKS, NJ 08515	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SHARON SIMON	
2.3 STREET ADDRESS	4221 SAN RAFAEL AVE	
2.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LISTON TUNGET	
3.3 STREET ADDRESS	4115 LA PASIDA LANE	
3.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ED CARNER	
4.3 STREET ADDRESS	9224 MOJAVE PLACE	
4.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	FRANK SIMON	
5.3 STREET ADDRESS	4221 SAN RAFAEL AVE	
5.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SHARON WHITE	
6.3 STREET ADDRESS	2210 DESTINY WAY	
6.4 CITY-ST-ZIP	ODESSA FL 33554	

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.

SIGNATURE: \_\_\_\_\_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: \_\_\_\_\_ Daytime Phone # 0069177

CR2E037 (9/96)