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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748980

1. Corporation Name

VILLA DEL RIO HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2535 SUCCESS DR ODESSA FL 33556 US	2535 SUCCESS DR ODESSA FL 33556 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/19/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1971480 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BAKER,RICHARD W.
2535 SUCCESS DR
ODESSA FL 33556

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	P/D	☐ Change ☒ Addition
NAME	CARNER, ED		1.2 NAME	FRANK SIMON	
STREET ADDRESS	9224 MOJAVE PLACE		1.3 STREET ADDRESS	2210 DESTINY WAY	
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-ST-ZIP	ODESSA FL 33556	
TITLE	~~PD~~ V/D	☐ DELETE	2.1 TITLE	S/D	☐ Change ☒ Addition
NAME	SCHERER, J. CHRIS		2.2 NAME	MARY ELLEN ADAMS	
STREET ADDRESS	2210 DESTINY WAY		2.3 STREET ADDRESS	2210 DESTINY WAY	
CITY-ST-ZIP	ODESSA FL		2. 4 CITY-ST-ZIP	ODESSA FL 33556	
TITLE	VD	☒ DELETE	3.1 TITLE	P	☐ Change ☒ Addition
NAME	GILL, HERB		3.2 NAME	KELL COWEN	
STREET ADDRESS	2210 DESTINY WAY		3.3 STREET ADDRESS	2210 DESTINY WAY	
CITY-ST-ZIP	ODESSA FL 33556		3.4. CITY-ST-ZIP	ODESSA FL 33556	
TITLE	T/D	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	TUNGET, LISTON		4. 2 NAME	SHARON BOLTE	
STREET ADDRESS	4115 LA PASIDA LANE		4.3 STREET ADDRESS	2210 DESTINY WAY	
CITY-ST-ZIP	NEW PORT RICHEY FL		4.4 CITY-ST-ZIP	ODESSA FL 33556	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	REIMMITZ, LYLE		5.2 NAME	LORETTA MADSEN	
STREET ADDRESS	2450 CRESTWOOD DR		5.3 STREET ADDRESS	2210 DESTINY WAY	
CITY-ST-ZIP	N ST PAUL MN		5.4 CITY-ST-ZIP	ODESSA FL 33556	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	WHITE, SHARON		6.2 NAME	RICHARD DARLING	
STREET ADDRESS	210 DESTINY WAY		6.3 STREET ADDRESS	2210 DESTINY WAY	
CITY-ST-ZIP	ODESSA FL		6.4 CITY-ST-ZIP	ODESSA FL 33556	

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED _____ 727-372-7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CHARLES SCHERER VP/D

CR2E037 (11/98)