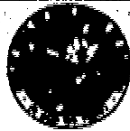


FILE NOW: FILING FEE AFTER MAY 1 IS \$165.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # 753860 (6)

1. Corporation Name

VILLA PISANI CONDOMINIUM ASSOCIATION, INC.

95 APR 24 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**445 SE TWENTY-FIRST AVE
DEERFIELD BEACH FL 33441**

**445 SE TWENTY-FIRST AVE
DEERFIELD BEACH FL 33441**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1980

3a. Date of Last Report

04/25/1994

4. FEI Number

59-2216358

Applied For

Not Applicable

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

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

**PISANI, FRANK
445 S.E. TWENTY-FIRST AVENUE
DEERFIELD BEACH FL**

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **PISANI, LUCIA**
STREET ADDRESS **445 S.E. 21ST AVENUE**
CITY - ST - ZIP **DEERFIELD FL**

TITLE **VD**
NAME **WOJCIK, MARILU**
STREET ADDRESS **8800 N. WILDWOOD**
CITY - ST - ZIP **CHICAGO IL**

TITLE **ST**
NAME **MIESZALA, LOIS**
STREET ADDRESS **217 N. HOME**
CITY - ST - ZIP **PARK RIDGE IL**

TITLE **D**
NAME **SKEIST, IRVING**
STREET ADDRESS **445 S.E. 21 AVENUE**
CITY - ST - ZIP **DEERFIELD FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **STEVE GIUSTI**
1.3 STREET ADDRESS **445 S.E. 21st Ave**
1.4 CITY - ST - ZIP **Deerfield FL 33441**

2.1 TITLE **VP** ☒ Change ☐ Addition
2.2 NAME **Dorothy Skeist**
2.3 STREET ADDRESS **445 S.E. 21st Ave**
2.4 CITY - ST - ZIP **Deerfield FL 33441**

3.1 TITLE **ST** ☒ Change ☐ Addition
3.2 NAME **Lois Mieszala**
3.3 STREET ADDRESS **1600 Thacker St.**
3.4 CITY - ST - ZIP **Des Plaines IL 60016**

4.1 TITLE **D** ☒ Change ☐ Addition
4.2 NAME **Frank Pisani**
4.3 STREET ADDRESS **445 S.E. 21st Ave**
4.4 CITY - ST - ZIP **Deerfield FL 33441**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(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: Lois A. Mieszala
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-95
(Date)

708-390-7431
(Telephone Number)