FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **753860** **(6)**

1. Corporation Name

VILLA PISANI CONDOMINIUM ASSOCIATION, INC.

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
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

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

9. Name and Address of Current Registered Agent

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

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 607.0502 and 607.1509, 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	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	PISANI, LUCIA	1.2 NAME	Steve GIUSTI	
STREET ADDRESS	445 S.E. 21ST AVENUE	1.3 STREET ADDRESS	445 S.E. 21st Ave.	
CITY-ST-ZIP	DEERFIELD FL	1.4 CITY-ST-ZIP	Deerfield Fl. 33441	
TITLE	VD	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	WOJCIK, MARILU	2.2 NAME	Dorothy Skeist	
STREET ADDRESS	6900 N. WILDWOOD	2.3 STREET ADDRESS	445 S.E. 21st Ave.	
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	Deerfield Fl. 33441	
TITLE	ST	3.1 TITLE	ST.	☒ Change ☐ Addition
NAME	MIESZALA, LOIS	3.2 NAME	Lois Mieszala	
STREET ADDRESS	217 N. HOME	3.3 STREET ADDRESS	1600 Thacker St.	
CITY-ST-ZIP	PARK RIDGE IL	3.4 CITY-ST-ZIP	Des Plaines Fl. 60016	
TITLE	D	4.1 TITLE	D.	☒ Change ☐ Addition
NAME	SKEIST, IRVING	4.2 NAME	Frank Pisani	
STREET ADDRESS	445 S.E. 21 AVENUE	4.3 STREET ADDRESS	445 S.E. 21st Ave	
CITY-ST-ZIP	DEERFIELD FL	4.4 CITY-ST-ZIP	Deerfield Fl. 33441	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		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: Lois A. Mieszala 3-27-95 708-390-7431
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

6018878