FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
97 SEP 26 PM 3:45
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 33441-5154

3. Date Incorporated or Qualified: 08/25/1980
3a. Date of Last Report: 04/26/1996

2. Principal Place of Business — 21 ; Suite, Apt. #, etc. 22 ; City & State 23 ; Zip 24 ; Country 25

2a. Mailing Address — 26 ; Suite, Apt. #, etc. 27 ; City & State 28 ; Zip 29 ; Country 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

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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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	President/Director	☒ Change ☐ Addition
NAME	GLUSTI, STEVE		1.2 NAME	Michael Pisani	
STREET ADDRESS	445 S.E. 21ST AVE.		1.3 STREET ADDRESS	445 S.E. 21st Ave.	
CITY-ST-ZIP	DEERFIELD FL		1.4 CITY-ST-ZIP	Deerfield, Fl, 33441	
TITLE	VP	☐ DELETE	2.1 TITLE	Vice President/Director	☒ Change ☐ Addition
NAME	SKEIST, DOROTHY		2.2 NAME	Joanne Pisani	
STREET ADDRESS	445 S.E. 21ST AVE.		2.3 STREET ADDRESS	3917 W. Jarlath	
CITY-ST-ZIP	DEERFIELD FL		2.4 CITY-ST-ZIP	Lincolnwood, Il	
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MIESZALA, LOIS		3.2 NAME	Same	
STREET ADDRESS	1600 THACKER ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	DES PLAINES FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	Director	☒ Change ☐ Addition
NAME	PISANI, FRANK		4.2 NAME	Ralph Hodges	
STREET ADDRESS	445 S.E. 21ST AVE.		4.3 STREET ADDRESS	3712 Riva Ridge Dr.	
CITY-ST-ZIP	DEERFIELD FL		4.4 CITY-ST-ZIP	Indian Springs, OH, 45011	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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		

9-30-97

CR2E037 (9/96)

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.