

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90065 036 ****61.25

DOCUMENT # 753860

1. Corporation Name

VILLA PISANI CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

445 SE TWENTY-FIRST AVE
DEERFIELD BEACH FL 33441

Mailing Address

445 SE TWENTY-FIRST AVE
DEERFIELD BEACH FL 33441



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

08/25/1980

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

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 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

TITLE PD
NAME PISANI, MICHAEL
STREET ADDRESS 445 S.E. 21ST AVE.
CITY-ST-ZIP DEERFIELD FL 33441
☒ DELETE

TITLE VPD
NAME PISANI, JOANNE
STREET ADDRESS 3917 W. JARLATH
CITY-ST-ZIP LINCOLNWOOD IL
☒ DELETE

TITLE ST
NAME MIESZALA, LOIS
STREET ADDRESS 1600 THACKER ST.
CITY-ST-ZIP DES PLAINES FL
☐ DELETE

TITLE D
NAME GIUSTI, STEVE
STREET ADDRESS 445 SE 21ST AVE
CITY-ST-ZIP DEERFIELD FL 33441
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/ Director
1.2 NAME Giusti, Steve
1.3 STREET ADDRESS 445 S.E. 21st Ave.
1.4 CITY-ST-ZIP Deerfield, Fl. 33441
☒ Change ☐ Addition

2.1 TITLE Vice President/Director
2.2 NAME Hamilton, Russ
2.3 STREET ADDRESS 340 E. 93rd. St.
2.4 CITY-ST-ZIP New York, N.Y. 10128
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE Board of Directors
4.2 NAME Pisani, Vincent
4.3 STREET ADDRESS 445 S.E. 21st. Ave.
4.4 CITY-ST-ZIP Deerfield, Fl. 33441
☒ Change ☐ Addition

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/17/99

Daytime Phone #

CR2E037 (1/98)