FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:45

DOCUMENT # 754658 (3)

1. Corporation Name

LAVILLA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O TERRILL PAONESSA 2330 S.E. 6TH AVENUE CAPE CORAL FL 33990	C/O TERRILL PAONESSA 4508 SANTA BARBARA BLVD. CAPE CORAL FL ~~33917~~ 33914 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/16/1980
3a. Date of Last Report: 02/04/1994
4. FEI Number: 59-2266154 ☐ 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 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PAONESSA, TERRILL
2330 S.E. 6TH AVE.
CAPE CORAL FL 33990

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 607.1508, 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 _____ 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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	NIGRO, MARIE	1.2 NAME	
STREET ADDRESS	4508 SANTA BARABARA BLV. #102	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33914	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	FARLEY, PAT.	2.2 NAME	
STREET ADDRESS	249 12TH STREET NO.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LETHRIDGE ALTA CA	2.4 CITY-ST-ZIP	
TITLE	TO	3.1 TITLE	☐ Change ☐ Addition
NAME	ERRICO, JERRY	3.2 NAME	
STREET ADDRESS	1020 SW 56TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33914	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	PAONESSA, TERRIL	4.2 NAME	
STREET ADDRESS	2330 SE 6TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33990	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	☐ Change ☐ Addition
NAME	FARLEY, GARY	5.2 NAME	
STREET ADDRESS	249 12TH STREET. NO	5.3 STREET ADDRESS	
CITY-ST-ZIP	LETHRIDGE AL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	OTTERVANGER, JOHN	6.2 NAME	JIM BAXTER
STREET ADDRESS	4508 SANTA BARBARA BLVD. #104	6.3 STREET ADDRESS	4508 SANTA BARBARA BLVD #104
CITY-ST-ZIP	CAPE CORAL FL	6.4 CITY-ST-ZIP	CAPE CORAL FL 33914

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)(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.

SIGNATURE: Terrill Paonessa 2-9-95 (813) 540-2447
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #
TERRILL PAONESSA

0050737