

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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 33914
US

3. Date Incorporated or Qualified
10/16/1980

3a. Date of Last Report
02/21/1995

2. Principal Place of Business

2a. Mailing Address

21 **Sorenson Realty**

26 **Sorenson Realty**

4. FEI Number
59-2266154

Applied For
Not Applicable

22 **1105 Cape Coral Pkwy E**

27 **1105 Cape Coral Pkwy E**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 **Cape Coral FL**

28 **Cape Coral FL**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 **33904** 25 **USA**

29 **33904** 30 **USA**

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

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

81 Name **Christina Sorenson Dennis**
82 Street Address (P.O. Box Number is Not Acceptable)
1105 Cape Coral Pkwy E
83 **C**
84 City **Cape Coral** FL 85 Zip Code **33904**

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 **Christina Sorenson Dennis** **Christina Sorenson Dennis** **3-4-96**
(NOTE: Registered Agent signature required when installing) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	NIGRO, MARIE	
STREET ADDRESS	4508 SANTA BARBARA BLV. #102	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FARLEY, PAT.	
STREET ADDRESS	249 12TH STREET NO.	
CITY-ST-ZIP	LETHRIDGE ALTA CA	
TITLE	TO	<input checked="" type="checkbox"/> DELETE
NAME	ERRICO, JERRY	
STREET ADDRESS	1020 SW 56TH STREET	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PAONESS, TERRIL	
STREET ADDRESS	2330 SE 6TH AVE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	FARLEY, GARY	
STREET ADDRESS	249 12TH STREET. NO	
CITY-ST-ZIP	LETHRIDGE AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAXTER, JIM	
STREET ADDRESS	4508 SANTA BARBARA BLVD #104	
CITY-ST-ZIP	CAPE CORAL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Domenic Panno	
1.3 STREET ADDRESS	4508 Santa Barbara Blvd #103	
1.4 CITY-ST-ZIP	Cape Coral FL 33914	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gerry Errico	
2.3 STREET ADDRESS	1020 SW 56th St	
2.4 CITY-ST-ZIP	Cape Coral FL 33914	
3.1 TITLE	Secretary/Treasures	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Terrill Paonessa	
3.3 STREET ADDRESS	2330 SE 6th Ave.	
3.4 CITY-ST-ZIP	Cape Coral FL 33904	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Frank Easterday	
4.3 STREET ADDRESS	4508 Santa Barbara Blvd # 102	
4.4 CITY-ST-ZIP	Cape Coral FL 33914	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: **Terrill Paonessa** **3/7/96** **941-514-5840**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)