

FILE NOW: FILING FEE IS \$61.25

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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **754658** (3)

1. Corporation Name

LAVILLA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business % SORENSON REALTY 1105 CAPE CORAL PKWY E CAPE CORAL FL 33904 US	Mailing Address % SORENSON REALTY 1104 CAPE CORAL PKWY E CAPE CORAL FL 33904-9161 US	3. Date Incorporated or Qualified 10/16/1980	3a. Date of Last Report 03/13/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	4. FEI Number 59-2266154 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent DENNIS, CHRISTINA SORE 1105 CAPE CORAL PKWY E. SUITE C CAPE CORAL FL 33904	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 *Christina Sorenson* **Dennis Christina Sorenson Dennis 4-28-97**
Signature, typed or printed name of registered agent and title if applicable. (NONE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANNO, DOMENIC	1.2 NAME	Frank Easterday
STREET ADDRESS	4508 SANTA BARBARA BLVD #103	1.3 STREET ADDRESS	4508 Santa Barbara #102
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	Cape Coral FL 33914
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	SPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERRICO, GERRY	2.2 NAME	Gerry Errico
STREET ADDRESS	1020 SW 56TH STREET	2.3 STREET ADDRESS	1020 SW 56th St
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	Cape Coral FL 33914
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POONESSA, TERRIL	3.2 NAME	Terrill Poonessa
STREET ADDRESS	2330 SE 6TH AVENUE	3.3 STREET ADDRESS	2330 SE 6th Ave
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	Cape Coral FL 33904
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	UPS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EASTERDAY, FRANK	4.2 NAME	Valerie Panno
STREET ADDRESS	4508 SANTA BARBARA #102	4.3 STREET ADDRESS	4508 Santa Barbara Blvd #102
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	Cape Coral FL 33914
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAXTER, JIM	5.2 NAME	
STREET ADDRESS	4508 SANTA BARBARA BLVD #104	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: **SIGNATURE REQUIRED** *Valerie H. Panno*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **April 28, 1997** Date **0065023** Daytime Phone #

CR2E037 (9/96)