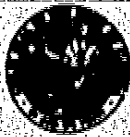


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759352 (8)

1. Corporation Name

MICHELLE VILLAS OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5190 26TH STR W
STE J
BRADENTON FL 34207
US

5190 26TH STR W
STE J
BRADENTON FL 34207
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1981

3a. Date of Last Report

04/22/1994

4. FEI Number

59-2264496

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. 192.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MATTHEWS, TERENCE
5209 26TH STREET WEST
BRADENTON FL 34207**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GRIPPO, CARMINE
STREET ADDRESS	357 ELLIOTT PLACE
CITY-ST-ZIP	PARAMUS NJ 07652
TITLE	DV
NAME	LAREZZA, JOSEPH Edward Baldwin
STREET ADDRESS	5105 70TH STREET 2709 48TH AVE D.A.W.
CITY-ST-ZIP	BRADENTON FL BRADENTON, FLA. 34207
TITLE	DV
NAME	MITTERANDO, ANGELO
STREET ADDRESS	183 CHAPEL HILL RD
CITY-ST-ZIP	ATLANTIC HIGHLANDS NJ 07748
TITLE	DS
NAME	CALLANAN, THOMAS
STREET ADDRESS	100 OAK LN
CITY-ST-ZIP	CRANFORD NJ 07016
TITLE	DT
NAME	TERZUOLE, SAMUEL J
STREET ADDRESS	7 WELDON RD
CITY-ST-ZIP	EDISON NJ 08817
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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 110.07(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: *Carmine Grippo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARMINE F. GRIPPO

4/25/95
Date

(813) 758-6000
Daytime Phone