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Feb 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 759352 (8)

1. Corporation Name

MICHELLE VILLAS OWNERS' ASSOCIATION, INC.



Principal Place of Business

5190 26TH STR W
STE J
BRADENTON FL 34207
US

Mailing Address

5190 26TH STR W
STE J
BRADENTON FL 34207-2267
US

3. Date Incorporated or Qualified

07/28/1981

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

MATTHEWS, TERENCE
5209 28TH STREET WEST
BRADENTON FL 34207

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	DP	<input type="checkbox"/> DELETE
NAME	GRIPPO, CARMINE	
STREET ADDRESS	357 ELLIOTT PLACE	
CITY-ST-ZIP	PARAMUS NJ	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BALDWIN, EDWARD	
STREET ADDRESS	2709 WEST 48TH AVE DR	
CITY-ST-ZIP	BRADENTON FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MITTERANDO, ANGELO	
STREET ADDRESS	183 CHAPEL HILL RD	
CITY-ST-ZIP	ATLANTIC HIGHLANDS NJ	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	CALLANAN, THOMAS	
STREET ADDRESS	100 OAK LN	
CITY-ST-ZIP	CRANFORD NJ	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	TERZUOLE, SAMUEL J	
STREET ADDRESS	7 WELDON RD	
CITY-ST-ZIP	EDISON NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DV
2.3 STREET ADDRESS	DEBORAH A. HOFFMAN
2.4 CITY-ST-ZIP	2807, 48TH AVE DR, WEST BRADENTON, FL. 34207
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/97

Date

Daytime Phone # 0061740

CR2E037 (9/96)