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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759352

1. Corporation Name

MICHELLE VILLAS OWNERS' ASSOCIATION, INC.

Principal Place	e of Business	Mailing Address										
5190 26TH STR W STE J BRADENTO'N FL 34207 US		5190 26TH STR W STE J BRADENTON FL 34207 US										
2. Principal P	lace of Business	2a. Mailing Address						orporated or Qu	ualifed			7
21		26					<u>07/28/</u>					-
Suite, Act.	#, etc.	Suite, Apt. #, etc.				4. FEI Number 59-22:64496			 -	Aprlied For Not Applicable		
22		City & State				39-22:04490				\$8.75 Additional		
City & Stat	e	City & State			5. Certificate of Status Desired			Fee Required				
23	Courtry	Zip Country				6 Floring Compaign Financing					\$5.00 May Be	
Zip		29 30					6. Election Campaign Financing Trust Fund Contribution			Added to Fees		
24		25 29 3 Name and Address of Current Registered Agent		-			10. Name and Address of New Registered					
	3. Name and Address of Outlett	tegistered Agent		81	Name							1
												4
	/S, TERENCE	82 Str			Street A	t Ac dress (P.O. Box Number is Not Acceptable)						
	H STREET WEST			83						-		1
BRADENT	ON FL 34207											_
***	•			84	City				F	L 85 Zip	Code	
office c⊤r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was -	authorized	d by tr	named he corpo	cc rpora	ition submits s board of (lin	this statement rectors. I hereby	for the purpose y accept the app	of changing it ointment as r	s registered eg stered	
SIGNATURE												١.
	Signature, typed or printed name of registered agent a			Agent	signature re	aqı ired wi	nen reinstating)	VO OLIANOEO	TO OFFICERS	ND DIDECT	OFIC IN 12	- a
12.	OFFICERS AND		13.				ADDITIO	NS/CHANGES	10 OFFICERS	☐ Change		11/08/
TITLE	DP CARROLL	☐ DELETE 1.1 T										1
NAME	GRIPPO, CARMINE	1.2 M										3
STREET ADDRESS	57 ELLIOTT PLACE			1.3 STREET ADDRESS								1 4
CITY-ST-ZIP	PARAMUS NJ			4 CITY-ST-ZIP						Change	☐ Addition	- 6
TITLE	VD	☐ DELETE		2.1 TITLE						☐ Change	□ vacinon	
NAME	HOFFMAN, DEBORAH A			2.2 NAME 2.3 STREET ADDRESS								
STREET ADDRESS	2807 48TH AVE. DRIVE WEST		2.3 S									
CITY-ST-ZIP	BRADENTON FL			2.4 CITY-ST-ZIP								-
TITLE	DV	_		3.1 TITLE		Sar	ne			Change	Addition	
NAME	MITTERANDO, ANGELO	3.2 NA		NAME		Same					-	
STREET ADDRESS	183 CHAPEL HILL RD		3.3 S		ADDRESS							
CITY-ST-ZIP	-ATLANTIC HIGHLANDS NJ		34.C		-ZIP	62	Portl	<u>and Roa</u>	ad, High			_
TITLE	DS	☐ DELETE	4.1 TI	TLE						☐ Change	Addition	
NAME	CALLANAN, J		4 2 N	IAME								
STREET ADDRESS	100 OAK LN		4.3 STR		ADDRESS							
CITY-ST-ZIP	CRANFORD NJ		4.4 CI		ZIP	<u> </u>						_
TITLE	DT	☐ DELETE	5.1 TI	TLE						Change	Addition	1
NAME	TERZUOLE, SAMUEL J		52 N	AME								
STREET ADORESS			5.3 S	TREET A	ADDRESS							
CITY-ST-ZIP	EDISON NJ	N NJ 5.4			ZIP							_
TITLE		☐ DELETE	6.1 TI	TLE				_		☐ Change	☐ Addition	1
NAME			62 N	AME								

14. I 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 appreciase, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE FOR DIRECTOR

4/20/99

941-768-6000

Daytime Phone #