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Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 765526 (9)

1. Corporation Name

VERSAILLES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

951 VERSAILLES CIR
MAITLAND FL 32751
US951 VERSAILLES CIR
MAITLAND FL 32751-4565
US3. Date Incorporated or Qualified
10/25/19823a. Date of Last Report
04/12/1996

2. Principal Place of Business

21 902 Versailles Cir

2a. Mailing Address

26 902 Versailles Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Maitland FL

City & State

28 Maitland FL

Zip

24 32751

Country

25 US

Zip

29 32751

Country

30 US

4. FEI Number

59-2300448

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

JACKSON, BRYCE A
915 VERSAILLES CIRCLE
MAITLAND FL 32751

81 Name

Todd Barry

82 Street Address (P.O. Box Number is Not Acceptable)

902 Versailles Circle

83

84 City

Maitland

FL

85 Zip Code

32751

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE AD ☒ DELETE
NAME COONS, DON
STREET ADDRESS 939 VERSAILLES CIRCLE
CITY-ST-ZIP MAITLAND FL 32751TITLE VPD ☒ DELETE
NAME FRAAS, JAN
STREET ADDRESS 904 VERSAILLES CIRCLE
CITY-ST-ZIP MAITLAND FL 32751TITLE SD ☒ DELETE
NAME POPPER, CONNIE
STREET ADDRESS 831 VERSAILLES CIRCLE
CITY-ST-ZIP MAITLAND FLTITLE PD ☐ DELETE
NAME BARRY, TODD
STREET ADDRESS 902 VERSAILLES CIRCLE
CITY-ST-ZIP MAITLAND FL 32751TITLE TD ☐ DELETE
NAME JACKSON, BRYCE
STREET ADDRESS 915 VERSAILLES CIRCLE
CITY-ST-ZIP MAITLAND FL 32751TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP1.1 TITLE ☐ Change ☒ Addition
1.2 NAME Mike Smyth
1.3 STREET ADDRESS 956 Versailles Circle
1.4 CITY-ST-ZIP Maitland, FL 327512.1 TITLE ☐ Change ☒ Addition
2.2 NAME Nanette Wohlwend
2.3 STREET ADDRESS 945 Versailles Circle
2.4 CITY-ST-ZIP Maitland FL 327513.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0014064

CR2E037 (9/96)