FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

765526

(9)

May 21 1998 8:00am						
Secretary of State						

FILED

VERSA	NILLES HOMEOWNERS' ASS	SOCIATION, INC.			
Principal Plac	ce of Business	Mailing Address		g (2011) 10312 allat nith attin tibin atti attil	917 81917 91917 91917 91918 7981
902 VERSAILLES CR 902 VERSAILLES CR MAITLAND FL 32751 US 902 VERSAILLES CR MAITLAND FL 32751 US		MAITLAND FL 32751		Date incorporated or Qualified 10/25/1982 FEI Number	Applied For
	······			59-2300448	Not Applicable
21 26				5. Certificate of Status Desired	\$8.75 Additional Fee Required
		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
		City & State		Trust Fund Contribution	Added to Fees
23		28		7. Is this nonprofit corporation a homeowners association?	
		Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25	1 —η 1	30		Yes X No
-	9. Name and Address of Currer		30 1	10. Name and Address of New Registered	
··········			81 Name		
BARRY,	TODD		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
	RSAILLES CR		02 Duggi 7,00,	BSS (F.O. DOX MUHBOSI IS MOLACCEPTADIO)	
	ND FL 32751		83		
			84 City		85 Zip Code
				FL	_ `
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statute	s, the above-named corp	oration submits this statement for the purpose of ion's board of directors. I hereby accept the ap	of changing its registered
agent. La	registered agent, or born, in the state am tamiliar with, and accept the oblig-	ations of, Section 617.0503, Flo	umonzed by the corporati rida Statutes.	ю в возга от анеского, т нетему восерт тье ар	pointment as registered
SIGNATURE					
	Signature, typed or printed name of registered ago		Registered Agent signature require		5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
12,	OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	DIRECTORS IN 12 Change Addition
TITLE Name	D Smyth, Mike	□ otter	1.1 TITLE		Deliginate Discontinu
STREET ADDRESS	956 VERSAILLES CR		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL				ĺ
TITLE	D MAILAND FL	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	WOHLWENDER, NANETTE		2.2 NAME		
STREET ADDRESS	945 VERSAILLES CR		2.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		2. 4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BARRY, TODD		3.2 NAME		
STREET ADDRESS	902 VERSAILLES CIRCLE		3.3 STREET ADDRESS		ĺ
CITY-ST-ZIP	MAITLAND FL 32751		3.4. CITY-ST-2iP		
TITLE	TD	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JACKSON, BRYCE		4. 2 NAME		
STREET ADDRESS	915 VERSAILLLES CIRCLE		4.3 STREET ADDRESS		j
CITY-ST-ZIP	MAITLAND FL 32751		4.4 CHTY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

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 address.

SIGNATURE:

Told B

4/29/98 407-237-4137